

SALT RIVER PIMA-MARICOPA INDIAN COMMUNITY APPLICATION FOR INTERNSHIP**Human Resources Department**

Two Waters – Bldg B
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Phone: 480-362-7935 Fax: 480-362-5587

Received:**QUESTIONS WITH AN * REQUIRE A RESPONSE. YOUR APPLICATION MAY NOT BE CONSIDERED IF INCOMPLETE.****PERSONAL INFORMATION**

* FIRST NAME	MIDDLE INITIAL	* LAST NAME		
* ADDRESS				
* CITY		* STATE		* ZIP
HOME PHONE		ALTERNATE PHONE		
IF NATIVE AMERICAN, TRIBAL AFFILIATION:		TRIBAL ENROLLMENT NUMBER:		
* DO YOU HAVE A VALID LICENSE? YES ☐ NO ☐	STATE WHERE ISSUED	LICENSE NUMBER	CLASS	LEGAL RIGHT TO WORK IN THE US? YES ☐ NO ☐

HIGH SCHOOL EDUCATION

DID YOU GRADUATE FROM HIGH SCHOOL OR RECEIVE A G.E.D. YES ☐ NO ☐	SCHOOL NAME
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POST SECONDARY EDUCATION

WHAT IS YOUR HIGHEST LEVEL OF EDUCATION: ☐ Some High School ☐ High School ☐ Some College ☐ Technical/Vocational School
☐ Associate's Degree ☐ Bachelor's Degree ☐ Master's Degree ☐ Doctorate

TRADE SCHOOL/COLLEGE/GRADUATE SCHOOL EDUCATION

PRESENT/RECENT SCHOOL NAME		DEGREE RECEIVED	
SCHOOL LOCATION (CITY/STATE)	DID YOU GRADUATE? YES ☐ NO ☐	☐ SEMESTER ☐ QUARTER # OF UNITS COMPLETED:	
MAJOR/MINOR		GPA:	
SCHOOL NAME		DEGREE RECEIVED	
SCHOOL LOCATION (CITY/STATE)	DID YOU GRADUATE? YES ☐ NO ☐	☐ SEMESTER ☐ QUARTER # OF UNITS COMPLETED:	
MAJOR/MINOR		GPA:	

CERTIFICATES/LICENSES (IF APPLICABLE)

TYPE	ISSUING AGENCY	DATE ISSUED (MONTH/YEAR)
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SKILLS (IF APPLICABLE)

OFFICE SKILLS	TYPING (WPM)	10 KEY	OTHER SOFTWARE/APPLICATIONS
OTHER SKILL	SKILL LEVEL ☐ BEGINNER ☐ SKILLED ☐ EXPERT		EXPERIENCE (YEARS OR MONTHS)
OTHER SKILL	SKILL LEVEL ☐ BEGINNER ☐ SKILLED ☐ EXPERT		EXPERIENCE (YEARS OR MONTHS)

AREAS OF INTEREST FOR INTERNSHIP (MULTIPLE MAY BE CHECKED)

☐ Childcare	☐ Corrections	☐ Environmental	☐ Human Resources	☐ Public Works
☐ Clerical	☐ Cultural Resources	☐ Financial Services	☐ Information Technology	☐ Social Services
☐ Community Development	☐ Education	☐ Fire	☐ Legal	☐ Police
☐ Community Relations	☐ Engineering	☐ Food Service	☐ Other: _____	

INTERNSHIP OBJECTIVE (ESSAY)

In 250 words or less, please express your interest in completing your internship with the Salt River Pima-Maricopa Indian Community:
(Describe what you hope to gain with the internship or how it may enhance your skills or career goals) May be provided on a separate attachment.

MOST RECENT EMPLOYMENT HISTORY

DATES From _____ To _____		EMPLOYER		POSITION TITLE
ADDRESS		CITY	STATE	
COMPANY WEBSITE	PHONE NUMBER		SUPERVISOR (NAME & TITLE)	
HOURS WORKED PER WEEK	MONTHLY SALARY		MAY WE CONTACT THIS EMPLOYER? YES ☐ NO ☐	
DUTIES				
REASON FOR LEAVING				

REFERENCE

REFERENCE TYPE ☐ PERSONAL ☐ PROFESSIONAL	NAME		POSITION	
ADDRESS	CITY	STATE	PHONE NUMBER	

CERTIFICATION AND AGREEMENT (Read Carefully Before Signing)

I understand and agree that:

1. Any misrepresentation or omission of facts in my internship application or any attachments will result in the cancellation of my request for internship.
2. I understand internships may not be available during the time I express interest, this will be determined by the SRPMIC.
3. It is my understanding that the SRPMIC may make a thorough investigation of my work, educational and personal history and may verify all data provided within this document.
4. I understand and agree that I will be required to take a drug test at the SRPMIC expense before beginning my internship. I understand I am subject to random during the duration of my internship. Failure to follow through will result in termination.
5. I agree to conform to all applicable rules, regulations, policies, and/or disciplinary procedures of SRPMIC and/or any department thereof. I understand that those rules, regulations, policies and/or disciplinary procedures are not intended by SRPMIC to create an obligation of continued employment.
6. I understand if selected for an internship opportunity with the SRPMIC, nothing in this document or any other SRPMIC document shall be deemed to create any contract or agreement of continued employment between me and SRPMIC. I understand that my internship can be terminated at any time pursuant to the SRPMIC policies and procedures. I understand and agree that any statements to the contrary, whether oral or written, are expressly disavowed and are not to be relied upon by me.

X _____
Signature

Date

FOR OFFICIAL USE ONLY

1. EMPLOYER INFORMATION 2. EMPLOYMENT HISTORY 3. EDUCATION 4. REFERENCES 5. OTHER