



P.O. Box 41506
Tucson, AZ 85717

Phone:520-624-4765
Fax:520-624-4785

Intern Application

(Please Print)

DATE _____

FULL NAME

ADDRESS CITY ZIP PHONE

ARE YOU 18 YEARS OLD OR OLDER? (YES/NO)

EMAIL ADDRESS _____

AVAILABLE START DATE: _____

AVAILABILITY OF HOURS: _____

LEGALLY ELIGIBLE TO WORK IN THE U.S Yes _____ No _____

EMPLOYMENT HISTORY (MOST RECENT FIRST)

1) _____
EMPLOYER/COMPANY ADDRESS PHONE NUMBER

POSITION DATES OF EMPLOYMENT

SUPERVISOR (NAME & CONTACT INFORMATION) REASON FOR LEAVING

2) _____
EMPLOYER/COMPANY ADDRESS PHONE NUMBER

POSITION DATES OF EMPLOYMENT

SUPERVISOR AND CONTACT INFORMATION REASON FOR LEAVING



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NAME	RELATIONSHIP
<hr/>	<hr/>
ADDRESS	PHONE
<hr/>	<hr/>
CITY	STATE ZIP
<hr/>	<hr/>

I UNDERSTAND THAT MENTORING TUCSON'S KIDS WILL CONTACT THE ABOVE LISTED REFERENCES. I AGREE TO A POLICE, FBI, AND DRIVING RECORD CHECK(S) AND WILL PROVIDE MENTORING TUCSON'S KIDS WITH A COPY OF MY DRIVER'S LICENSE, PROOF OF CAR INSURANCE, AND A SET OF FINGERPRINTS BY AN OFFICIAL DEPARTMENT OR A COPY OF MY CURRENT FINGERPRINT CLEARANCE CARD. I CERTIFY THAT THE FACTS SET FORTH IN THIS APPLICATION FOR EMPLOYMENT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT IF I AM EMPLOYED, FALSE STATEMENTS, OMISSIONS OR MISREPRESENTATIONS MAY RESULT IN MY DISMISSAL. I AUTHORIZE THE EMPLOYER TO MAKE AN INVESTIGATION OF ANY OF THE FACTS SET FORTH IN THIS APPLICATION AND RELEASE THE EMPLOYER FROM ANY LIABILITY. THE EMPLOYER MAY CONTACT ANY LISTED REFERENCES ON THIS APPLICATION. I ACKNOWLEDGE AND UNDERSTAND THAT THE COMPANY IS AN "AT WILL" EMPLOYER. THEREFORE, ANY EMPLOYEE (REGULAR, TEMPORARY, OR OTHER TYPE OF CATEGORY EMPLOYEE) MAY RESIGN AT ANY TIME, JUST AS THE EMPLOYER MAY TERMINATE THE EMPLOYMENT RELATIONSHIP WITH ANY EMPLOYEE AT ANY TIME, WITH OR WITHOUT CAUSE, WITH OR WITHOUT NOTICE TO THE OTHER PARTY.

SIGNATURE _____ **DATE** _____

PLEASE INCLUDE A COPY OF YOUR RESUME WITH YOUR APPLICATION