



LAKE NORMAN CHAMBER of COMMERCE

Internship Application

Today's Date: _____

Name: _____

Address: _____

Street / P.O. Box Number

City

State

Zip Code

Telephone: (____)____ - _____
(Area Code) Ten Digit Number

Mobile Telephone: (____)____ - _____
(Area Code) Ten Digit Number

Email: _____

Possible Start Date: _____

Anticipated End Date: _____

School Affiliation: _____

I have registered with the school's Internship Program Yes No

If yes, please contact my internship coordinator at (____)____ - _____ or
email at _____.

Grade Level: Freshman Sophomore Junior Senior Graduate Student

Major: _____ GPA: _____/4.00 Scale Overall GPA In Major

On-Campus Activities/Relevant Coursework: _____

Employment Experience: *(Continue on back if needed)*

Present/Most Recent Company/Organization: _____

Start Date: _____ End Date: _____

Job Title: _____

Brief Description of Responsibilities: _____

Previous Employment Company/Organization: _____

Start Date: _____ End Date: _____

Job Title: _____

Brief Description of Responsibilities: _____

List three (3) references and contact information: *(Indicate your relationship to the reference)*

1. Name: _____ Telephone (____)____ - _____
 Employer Personal Academic

2. Name: _____ Telephone (____)____ - _____
 Employer Personal Academic

3. Name: _____ Telephone (____)____ - _____
 Employer Personal Academic