



# **Career Exploration Internship Program**

## **APPLICANT SCREENING FORM**

### **APPLICANT INFORMATION:**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

DOB: \_\_\_\_\_

Guidance Counselor: \_\_\_\_\_

### **EMERGENCY CONTACT INFORMATION:**

Parent/Guardian  
Name & Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

*I hereby give permission for my son/daughter to participate in  
Becton Regional High School's Career Exploration Internship Program.*

Parent/Guardian Signature: \_\_\_\_\_

Student Signature: \_\_\_\_\_

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<b>CAREER CHOICE 1:</b>		<b>CAREER CHOICE 2:</b>	
<b>Current GPA:</b>			
<b>Related Courses:</b>			
<b>Awards:</b>			
<b>Extracurricular Activities:</b>			
<b>Volunteer Activities:</b>			
<b>Employment Experiences:</b>			
<b>Hobbies/Interests:</b>			
<b>Foreign Languages:</b>			
<b>Computer Skills:</b>			
<b>Other Skills:</b>			
<b>Strengths:</b>			
<b>Challenges:</b>			
<b>Strongest Subjects:</b>			



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- Do you have a personal computer?  YES  NO
- Do you have Internet access?  YES  NO
- Do you have transportation?  YES  NO If no, how will you get to internship?
- Do you have school or employment obligations that may interfere with the internship?  YES  NO If yes, please explain.
- Do you have health issues that may affect internship attendance?  YES  NO If yes, please explain.

## ESSAY QUESTION

*Please type a one-page essay and attach to this application.  
Use proper report formatting learned in English or computer class.*

- ✓ Why are you interested in your particular career field?
- ✓ Why do you think this career is a good fit for you?
- ✓ Why do you want to participate in the *Career Exploration Internship Program* and how do you think the experience will benefit you?

**APPLICATION DUE DATE:**  
**Wednesday, March 1, 2017**