



**HOUSING AUTHORITY OF DEKALB COUNTY
INTERNSHIP APPLICATION**

Name(s) of Internship(s) Applied For: _____

Name: _____

School Address: _____

Your Permanent Address: _____

Permanent Telephone Number: _____

Email Address: _____

School Telephone Number: _____

Are you legally eligible to work in the U.S.? _____

If you are not a U.S. Citizen, are there any restrictions on your eligibility for employment? _____

If Yes, Explain _____

Are you currently enrolled or will be enrolled in school during the semester you plan to intern? _____

Are you requesting that your college grant you credit hours for your internship? _____

Dates available to perform internship: _____

Education:

TYPE OF SCHOOL	NAME AND LOCATION	DEGREE/DATE	MAJOR
High School	_____	_____	_____
College	_____	_____	_____
_____	_____	_____	_____

Scholastic Honors and/or Licenses: _____

Employment History *(Includes paid, volunteer, and intern positions)*

Most Recent Employer: _____ Telephone Number: _____
Address: _____
Supervisor (Name & Title): _____
Position Title: _____ Start Date: _____ End Date: _____
Description of duties: _____

Employer: _____ Telephone Number: _____
Address: _____
Supervisor (Name & Title): _____
Position Title: _____ Start Date: _____ End Date: _____
Description of duties: _____

I certify that all of the statements in this application are true and complete to the best of my knowledge. I understand that a false or incomplete answer may be grounds for not considering me or for my dismissal.

Signature: _____

Date: _____ =