



PERSONAL HISTORY STATEMENT AGENCY INTERNSHIP

(Print legibly or type)

Last Name _____ First Name _____ M.I. _____

Gender _____ DOB _____ Social Security # _____

Height _____ Weight _____ Hair Color _____ Eye Color _____

High Schools Attended	Location	Dates	Graduation Date

If GED Give Number, Location and Date _____

College or University (now attending):

_____ (GPA) _____

Major _____ Dept _____ Dept Head _____

Sophomore ___ Junior ___ Senior ___

Seeking _____ credit hours for completion of this internship

Special skills you possess and equipment you are competent to use (e.g. sign language, computer skills, etc).

References: List three persons not related to you (excluding former employers) who have known you reasonably well for at least three years. **Include area code with the phone numbers.**

Name _____
Address _____ Occupation _____

Home Phone _____ Work Phone _____

Name _____
Address _____ Occupation _____

Home Phone _____ Work Phone _____

Name _____
Address _____ Occupation _____

Home Phone _____ Work Phone _____

Employment: List the jobs you have held in the past two years beginning with the most recent.

1. Name of Employer _____ From _____ To _____

Address _____ Phone (area code) _____

Job Description _____

Name of Supervisor _____

Reason for Leaving _____

2. Name of Employer _____ From _____ To _____

Address _____ Phone (area code) _____

Job Description _____

Name of Supervisor _____

Reason for Leaving _____

3. Name of Employer _____ From _____ To _____

Address _____ Phone (area code) _____

Job Description _____

Name of Supervisor _____

Reason for Leaving _____

Conduct: Have you **committed** any misdemeanors in the last three years, or felonies in the last five years? This includes but is not limited to: Driving under the influence of drugs or alcohol; harassment; disorderly conduct; theft; domestic violence; assault; arson; forgery; fraud; burglary; criminal mischief; robbery; auto theft; possession, use, or sale of any controlled substance including Marijuana, Cocaine, Amphetamines, Hashish, Heroin Barbiturates, Hallucinogens, LSD, PCP, or pharmaceutically controlled substances.

Details: _____

Details: _____

Have you ever been adjudicated as a delinquent in juvenile court?

Details: _____

In the last three years have you been in any physical fights?

Details: _____

Please list all traffic citations (excluding parking violations) that you have received within the last three years. Include dates, nature of violation, and outcome.

I affirm that the information provided in this application is true and correct to the best of my knowledge.

Signature of Applicant _____ Date _____