



EMPACT - SUICIDE PREVENTION CENTER

# Application for Internship

EMPACT-SPC does not discriminate against applicants because of race, gender color religion, sexual orientation, age, national origin, disability, medical condition, marital status, and veteran status, or on any other basis protected by law. EMPACT-SPC strives to include individuals with disabilities in its application and interview process. Please let us know if you would like to request reasonable to participate in the selection process.

(please print)

Internship Position(s) Applied for:	Date of Application:
What Academic Program is the Internship for:	
Referral Source:	
<input type="checkbox"/> Walk-In	<input type="checkbox"/> School: _____
<input type="checkbox"/> Former Employee	<input type="checkbox"/> Ad: Print _____
<input type="checkbox"/> Friend	<input type="checkbox"/> Employee Referral: _____ Internet _____
<input type="checkbox"/> Agency _____	Other _____

## Personal Information

Last Name	First Name	Middle Name
Address		
City	State	Zip
Telephone Number	Social Security Number	
What are your objectives for participating in an internship program?		
What kinds of work would you like to do during your internship? (include desired population of clients or clinical focus if applicable)		
What kind of Supervision will your internship require?		
Have you filed an application here before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give date _____		
Have you ever been employed / volunteered here before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give date(s) _____		
On what date are you able to begin? _____		Approximate end date: _____
How many hours does your internship require? _____		Approximate hours per week: _____
Availability - <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Shift Work Can you travel if a position requires it? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Days available: _____ Times available: _____		

## Internship Requests:

Desired population: (Please rank – 1, 2, 3)

Adult  Teen  Children

Desired department: (Please rank – 1 & 2)

Crisis Services  Outpatient Services

Desired program: (Please rank – 1, 2, 3, & 4)

Crisis Mobile Team  Outpatient General Mental Health  Outpatient Substance Abuse  Trauma Healing Services

Desired location: (Please rank – 1, 2, 3, & 4)

Apache Junction  Maricopa City  San Tan Valley  Tempe  Glendale

## Education

Name and Location of Institution:

Major:

Minor:

Year in School:

Grade Average:

Expected Graduation Date:

Degree(s) Completed:

## Languages (Identify skills and abilities)

---

---

## Background Information

If the position that you are applying for requires fingerprint clearance by the Arizona Department of Public Safety, you may be asked for your fingerprint clearance card (if you have one), or you will be fingerprinted during Orientation if you are selected for an internship.

Have you ever been convicted of a crime?\*  Yes  NO **Identify all misdemeanor and felony convictions.\***

Are there any felony convictions pending against you?  Yes  NO

Please give dates, places, charges and disposition of all convictions, and any other information about convictions you would like EMPACT-SPC to consider.

*\*Exclude minor traffic violations. If you are not sure what these entail, please ask the Human Resources Department.*

*\*Conviction will not necessarily disqualify an applicant from an internship.*

State any additional information that may be helpful to us in considering your application. (Awards, Recognition, Training, Seminars, etc.)

---

---

---

---

## Work Experience (Include Paid, Volunteer, prior Internships, etc.)

Dates: From / To	Organization	Duties

## References (Include at least one supervisor)

Name	Email	Phone	Relationship

**REFERENCE CHECK CONSENT AGREEMENT:** As part of the selection process, you should know that we will be checking your references. We may contact those persons who you have identified to us as references or other sources that are appropriate. When we contact a reference, we may ask a series of questions, including but not limited to, your personal background, education, work experience, character, personality or personal habits that are relevant to the position for which you are applying.

I have read and fully understand the foregoing. I hereby voluntarily consent to allow full references to be conducted by representatives of this organization

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Today's Date**

THANK YOU FOR YOUR INTEREST IN AN INTERNSHIP WITH EMPACT-SPC.