



Idaho Division of Vocational Rehabilitation
650 W. State Street, Room 150
Boise, ID 83720
Phone: (208) 334-3390
Fax: (208) 334-5305

Internship Application

In order to be considered for an internship, you must submit a completed application form along with your resume and a copy of your most recent university transcript. Please fax all three to: 208-287-6467. Select candidates will be contacted for an interview.

APPLICANT INFORMATION

Full Name:

Date:

Address:

Phone:

Email:

Requested Placement Dates:

College/University Attending:

Name of Advisor:

Advisor Phone:

Will you need reasonable accommodations to participate in the selection process (e.g., interview)? Yes No **If yes, please contact Human Resources at 208-287-6480**

Have you ever been convicted of a criminal offense? Yes No
If yes, please list charge(s):

EDUCATION

A copy of your transcripts must be provided with this application.

Current College:

Address:

Anticipated Graduation Date:

Degree & Major:

College:

Address:

Did you graduate? Yes No Degree & Major:

Other:

Certificates & Licenses:

REFERENCES

Please list three professional whom we may contact.

Full Name: Relationship:

Organization: Phone:

Address:

Full Name: Relationship:

Organization: Phone:

Address:

Full Name: Relationship:

Organization: Phone:

Address:

EMPLOYMENT HISTORY

Company:

Phone:

Address:

Supervisor:

Job Title:

Responsibilities:

From:

To:

Reason for leaving:

May we contact your supervisor for a reference?

Yes

No

Company:

Phone:

Address:

Supervisor:

Job Title:

Responsibilities:

From:

To:

Reason for leaving:

May we contact your supervisor for a reference?

Yes

No

Company:

Phone:

Address:

Supervisor:

Job Title:

Responsibilities:

From:

To:

Reason for leaving:

May we contact your supervisor for a reference?

Yes

No

I certify that my answers are true and complete to the best of my knowledge. If this application leads to acceptance into the internship program, I understand that false or misleading information in my application or interview may result in my release.

I agree to allow Idaho Division of Vocational Rehabilitation to investigate my references, work record and education.

Signature:

Date:

IDVR is an equal employment opportunity employer. Discrimination based on race, color, religion, sex, disability, sexual orientation or national origin is prohibited.