



INTERNSHIP APPLICATION FORM

AMGECU is an equal employment opportunity employer. Discrimination because of an individual's race, color, religion, sex, handicap or national origin is prohibited.

In order to be considered for an internship, you must submit a signed and completed application form with your resume. Please refer to the Internship Opportunities section on our website (www.amgecu.com). All application documents must be submitted as a complete package.

Incomplete applications will not be reviewed.

Name of Intern: _____

Home Address: _____

Home Number: _____ Cell Number: _____ Other Contact: _____

Email Address: _____

University /College Name: _____

University /College Address: _____

University /College Phone Number: _____ Fax Number: _____

E-mail Address: _____

Are you legally eligible to work in Trinidad and Tobago? _____

If you are not a Trinidad and Tobago citizen or resident, are there any restrictions on your eligibility for employment? _____

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

Dates available to perform internship: _____

Education:

TYPE OF SCHOOL	NAME & LOCATION	DEGREE & DATE	MAJOR
Secondary School	_____	_____	_____
College or University	_____	_____	_____
Scholastic Honors or Licenses:	_____	_____	_____
_____	_____	_____	_____

Employment History (Includes paid, volunteer and internship positions)

Most Recent Employer: _____ Phone Number: _____

Address: _____

Supervisor's Name & Title: _____

Position Title: _____ Start Date: _____ End Date: _____

Description of Duties: _____

Employer: _____ Phone Number: _____

Address: _____

Supervisor's Name & Title: _____

Position Title: _____ Start Date: _____ End Date: _____

Description of Duties: _____

References

1. Name: _____ Telephone Number: _____

Company/School: _____

Relationship: _____ Known How Long: _____

2. Name: _____ Telephone Number: _____

Company/ School: _____

Relationship: _____ Known How Long: _____

3. Name: _____ Telephone Number: _____

Company/ School: _____

Relationship: _____ Known How Long: _____

Activities relevant to the internship for which you are applying: _____

Why would you like to work as an AMGECU intern? _____

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 for my dismissal.

Signature: _____ **Date:** _____