



Internship Application

The Northville Community Foundation is an Equal Opportunity employer. The Foundation does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations.

The following internships are available at Maybury Farm for the 2020 Season:

☐ Barn and Animal Care

☐ Farm Garden

☐ Maybury Farm Educators

☐ Story Time

☐ Farm Camp Assistant

Also available to teens 16 or older

Please print.

Position Applying For: _____ Date: _____

Other positions for which you would like to be considered: _____

Last Name: _____ First Name: _____ M.I. _____

Permanent Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (If different from above): _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Are you eligible to work in the U.S.? Yes ☐ No ☐

Have you ever been employed with us before? Yes ☐ No ☐

If yes, what position(s) did you hold? _____

If yes, what were your dates of employment (month/year to month/year)? _____

Have you filed an application with us before? Yes ☐ No ☐

Do you have a valid driver's license? Yes ☐ No ☐

Are you currently employed? Yes ☐ No ☐

If yes, may we contact your present employer? Yes ☐ No ☐

On what date would you be available for work? _____

Are you available to work: Full Time ☐ Part Time ☐

Please list your availability including days of the week and hours preferred: _____

Have you been convicted of a felony?

Yes ☐

No ☐

If yes, please explain: _____

Education

High School _____

Name and City/Zip

Did you receive your diploma? Yes ☐ No ☐

Undergraduate College _____

Name and City/Zip

Course of Study _____ Did you receive your diploma? Yes ☐ No ☐

Post-Graduate College _____

Name and City/Zip

Course of Study _____ Did you receive your diploma? Yes ☐ No ☐

Other training or certifications received: _____

Employment Experience

Employer Name _____

City/Zip _____ Phone Number _____

Position _____ Reason for Leaving _____

Dates Employed _____ Hourly Rate _____

Employer Name _____

City/Zip _____ Phone Number _____

Position _____ Reason for Leaving _____

Dates Employed _____ Hourly Rate _____

Employer Name _____

City/Zip _____ Phone Number _____

Position _____ Reason for Leaving _____

Dates Employed _____ Hourly Rate _____

Please list any special qualifications or skills that you may have: _____

State any additional information you feel may be helpful to us in considering your application. _____

References

Name _____

Business _____ Phone Number _____

Type of Reference: Personal ☐ Professional ☐

Name _____

Business _____ Phone Number _____

Type of Reference: Personal ☐ Professional ☐

Name _____

Business _____ Phone Number _____

Type of Reference: Personal ☐ Professional ☐

Employment Application Disclaimer and Applicant Waiver

I certify that the information contained in this application is true and complete to the best of my knowledge. I understand that falsification of this information is grounds for refusal to hire or, if hired, dismissal. I hereby authorize any of the persons or organizations listed in my application to give all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and release all such parties from all liability that may result from furnishing such information to you. I authorize you to request and receive such information. In consideration for my employment and my being considered for employment by your company, I agree to adhere to the rules and regulations of the company and hereby acknowledge that these rules and regulations may be changed by your company at any time, at the company's sole option and without any prior notice. In addition, I acknowledge that my employment may be terminated, and any offer of employment, if such is made, may be withdrawn, with or without prior notice, at any time, at the option of either the company or myself. I hereby acknowledge that I have been advised that this application will remain active for no more than 90 days from the date it was signed.

Applicant Signature

Date

Northville Community Foundation Representative

Date