



## Tristate Youth Paid Internship Application 2020

All applicants must be 16-25 years of age This form must be completed and signed by the applicant.  
If you are less than 18 years of age, a parent, legal guardian, or responsible adult must also sign the application.

Name (Last Name, First Name)		Date of Birth	Age	Last Four Digits of Social Security #	
Current Address Apt. # (NO P.O. Boxes)		City	State	Zip Code	
Phone Number	Alternate Phone Number		Email Address		

Race Group (Please mark one race group below):

- White                                       African-American/Black                                       Hawaiian/Pacific Islander  
 Native American/Alaskan Native     Asian

Ethnicity:

Are you Hispanic or Latino?  Yes  No

Gender:

Male  Female

**EDUCATION HISTORY**

Are You Attending School?

- No, not attending any school                       Yes, attending H.S.                       Yes, attending Alternate H.S.     Yes, attending College  
 Yes, attending College, or Technical, or Vocational School                       Have HS Diploma / GED                       College

Name and Location of School / College	Years Attended	Year Graduated	GPA

**EXTRACURRICULAR/WORK EXPERIENCE/VOLUNTEER EXPERIENCE (attach additional information, please attach resume)**

Month/Year	Name of Org./Business	Voluntary or Paid	Position	Reason for Participating

**Please answer ALL questions:**

- Do you have access to RELIABLE transportation?  Yes  No  
 Are you available for the entire internship time frame – June 1 to July 15, 2020  Yes  No  
 Are you available to work Monday thru Friday for 4 hours a day.  Yes  No

**Please mark area of preference for internship:**

- Bullhead city, AZ                       Kingman, AZ  
 Fort Mohave, AZ                       Laughlin, NV  
 Mohave Valley, AZ                       Needles, CA  
 Lake Havasu city, AZ

**Please mark your top THREE (3) areas of interest:**

- |                         |                                   |                              |
|-------------------------|-----------------------------------|------------------------------|
| Finance/Banking _____   | Information Technology (IT) _____ | Customer Service/Sales _____ |
| Legal/Law _____         | Engineering _____                 | Medical _____                |
| Admin/Secretarial _____ | Manufacturing _____               | Education _____              |
| Human Resources _____   | Warehouse _____                   | Hospitality _____            |
| Operations _____        | Construction _____                | Culinary _____               |



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NAME (last name, first name): \_\_\_\_\_

Please rate your skills and knowledge (beginner, intermediate, advanced):

Microsoft Word: \_\_\_\_\_ Microsoft Excel: \_\_\_\_\_ Customer Service: \_\_\_\_\_

Microsoft Outlook: \_\_\_\_\_ Typing: \_\_\_\_\_ Researching on Internet: \_\_\_\_\_

Please list any other skills, industry certificates, or credentials you have already earned:

Examples: OSHA cards, CPR cards, C.N.A and EMT certs, Food Handler, or Food Mngr safety certs, Fillet Weld, etc.

<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____

### CAREFULLY READ THE FOLLOWING BEFORE SIGNING YOUR NAME:

I submit this signed form as authorization to apply for the participation in the program. I understand that the completion and submission of this form does not guarantee placement in the program.

I declare that I have examined this form and confirm all of the information is true and correct to the best of my knowledge. I am aware that the information contained on this form is subject to verification, and failure to provide the requested documentation, or any falsified information provided, may result in immediate termination from the program.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian/Responsible Adult Signature: \_\_\_\_\_

Date: \_\_\_\_\_

(Required for those under the age 18.)

If selected please bring these documents to the orientation:

- State Issued Driver's License or State ID Card
- School ID with Picture, if in high school, vocational or post-secondary education
- U.S. Social Security Card or Permanent Resident Card or Alien Registration Receipt Card (Form I-551)

If you do not have the above documents, you must prove Right to Work.

**Applications will be available for pickup and drop off at:**

[www.facebook.com/TriStateYouthInternshipandLeadership/](http://www.facebook.com/TriStateYouthInternshipandLeadership/)

[www.tristateinternshipandleadership.com](http://www.tristateinternshipandleadership.com)

High School and College counselors available

**Dr. Waheed Zehri Founder/CEO**

1225 Hancock Rd Ste: C

Bullhead city, Arizona 86442

(928) 234-3422

[tristateinternship@gmail.com](mailto:tristateinternship@gmail.com)