



Sugar-Salem School District No. 322

105 West Center • P.O. Box 150 • Sugar City, ID 83448
 Phone (208) 356-8802 • Fax (208) 356-7237

APPLICATION FOR: INTERNSHIP

Name:		Date:	
Address:		Desired School Year:	
City, State, Zip Code		Telephone Number: ()	
E-Mail Address:		Desired opportunity level: <input type="checkbox"/> A. unpaid/experience based <input type="checkbox"/> B. paid/experienced based <input type="checkbox"/> C. either	Hours needed: Total: Per week:
College major:			
Desired Semester (please note, the times available in the school district may overlap/not align with niversity semesters):			
___ Fall (approximately August 20, 20xx to December 1, 20xx)		___ Year Long	
___ Winter (approximately December 1, 20xx to March 1, 20xx)			
___ Spring (approximately March 1, 20xx to June 1, 20xx)			

As an intern, you will be responsible to obtain a background check through our district and state education offices. You would be responsible for the fee to cover this background check.

Section A: Background Information

If you answer "yes" to any of the following questions listed in this section, please explain in a confidential letter.

- A. Have you ever been convicted of a felony? { } Yes { } No
- B. Have you ever had a suspended sentences or been given a withheld judgment in regard to a crime involving moral turpitude? { } Yes { } No
- C. Are you aware of any information about yourself which might tend to reflect unfavorably on your reputation, morals, character or ability as a prospective intern/employee of Sugar-Salem School District? { } Yes { } No
- D. English is my native language { } Yes { } No
- E. I am fluent in additional languages (please list): _____

Section B: Education:

Institution	Attendance Date(s)	Degree
High School		
College		
College		
Other:		

Section C: Work Experience:

Position	Employer	Supervisor/phone	Dates

Section D: Type of Position/area Desired (mark all that apply):

- A. Department: ___ Counseling/Psychosocial/Behavioral ___ ESL/Migrant ___ Title 1A ___ Special Ed.
- B. Focus: ___ Academic ___ Behavior ___ Counseling/Mental Health ___ Other:
- C. Certificated (specify): _____
- D. Age group preference: (please indicate this with a 1-5, 1 = first choice)
 ___ Preschool ___ Elementary (K-2) ___ Intermediate (3-5) ___ JH (6-8) ___ HS (9-12)

Section E: Hours available to work: Please note that due to the need for continuity in working in a school environment, consistent blocks of time between 7:30am (8 am to 3 pm are student contact times) and 4:00 pm are needed to be considered for work within the district.

Monday	Tuesday	Wednesday	Thursday	Friday

Section F: References

List three references we may contact that would have knowledge about job-related performance.

Name	Title	Contact number

Section G: Skills and Qualifications

List skills you have acquired as well as specific training that you have obtained that would better qualify you for this internship opportunity:

Section H: Goals/Objectives

Please attach a letter indicating the following:

- a. What is the purpose of the internship?
- b. What are the college requirements for the internship?
- c. What are your goals (desires to learn) of the internship?
- d. How will the internship help you in furthering your studies?
- e. How will this internship relationship between you (the intern) and us (the district) benefit both parties, including potential students that you could be working with?

Section I: Certification

- I certify that answers given herein are true and complete to the best of my knowledge.
- I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.
- I hereby permit school district officials to contact listed references and supervisors of prior employment and/or practicum experiences whether listed or not on this application. I hereby understand and acknowledge that any internship relationship with the District is of a privilege in nature which means that the internship individual may resign at any time and the District may discharge the intern at any time with or without cause.
- In the event of placement within the District, I understand that false or misleading information given in my application, internship paperwork, or interview(s) may result in discharge. I understand, also that I am required to abide by all rules, regulations, and policies of the District.

Signature of Applicant	Date