



Application for Internship—*PAXIP*.

The Pax Americana Internship Program [PAXIP] policy is to provide equal opportunity to all qualified persons without regard to race, creed, color, religious belief, gender, sexual orientation, age, national origin, ancestry, physical or mental disability, or veteran status.

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis? (You may be required to provide documentation.) Yes No

Date _____

Last name _____ First name _____ M.I. _____

Street Address _____

Mailing Address _____

Telephone _____

Are you willing to sign a confidentiality agreement in regards to certain portions of business relating to the Institute? Yes No

Are you willing to travel for Institute Board meetings and other staff meetings deemed necessary by the Officers of *PAI*? Yes No

Are you willing to commit at least 10 hours a week to fulfilling the responsibilities of the PAXIP program? Yes No

Have you ever been convicted of a felony? (This will not necessarily affect your application.) Yes No

If yes, please describe conditions. _____

Education

	School Name and Location	Year	Major	Degree
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
College	_____	_____	_____	_____

Post-College _____

In addition to your work history, are there are other skills, qualifications, or experience that we should consider?

Please list any scholastic honors received and offices held in school. If you need more space please attach a supplemental sheet.

Are you planning to continue your studies in a related field? Yes No

If yes, where and what field of study?

Employment History (Start with most recent employer)

Company Name _____

Address _____ Telephone _____

Date Started _____ Ending Position _____ Date Ended _____

Name of Supervisor _____

May we contact? Yes No

Responsibilities _____

Reason for leaving _____

Company Name _____

Address _____ Telephone _____

Date Started _____ Starting Position _____ Ending Position _____

Name of Supervisor _____

May we contact? Yes No

Responsibilities _____

Reason for leaving _____

Company Name _____

Address _____ Telephone _____

Date Started _____ Starting Position _____ Ending Position _____

Name of Supervisor _____

May we contact? Yes No

Responsibilities _____

Reason for leaving _____

References

List three personal or academic references, not related to you and not listed above, who have known you for more than one year.

Name _____ Phone _____ Years Known _____

Relationship _____

Address _____

Name _____ Phone _____ Years Known _____

Relationship _____

Address _____

Name _____ Phone _____ Years Known _____

Relationship _____

Address _____

Emergency Contact

In case of emergency, you would like us to notify:

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Please Read Before Signing:

I certify that all information provided by me on this application is true and complete to the best of my knowledge and that I have withheld nothing that, if disclosed, would alter the integrity of this application.

I authorize my previous employers, schools, or persons listed as references to give any information regarding employment or educational record. I agree that Pax Americana Institute and my previous employers will not be held liable in any respect if a job offer is not extended, or is withdrawn, or my internship is terminated because of false statements, omissions, or answers made by myself on this application. In the event of an internship with Pax Americana Institute, I will comply with all rules and regulations as set by the Institute or in any communication distributed to the employees and interns.

In compliance with the Immigration Reform and Control Act of 1986, I understand that I am required to provide approved documentation to the company that verifies my right to work in the United States on the first day of my internship.

I understand that an internship at Pax Americana Institute is "at will," which means that either I or Pax Americana Institute can terminate the relationship at any time, with or without prior notice, and for any reason not prohibited by statute. I hereby acknowledge that I am in sound mind and body and have read and understand the above statements.

Signature _____ Date _____

We look forward to reviewing your application, and hope to welcome you to the team!