



THE SUSAN B ANTHONY BIRTHPLACE MUSEUM

INTERNSHIP APPLICATION 2018

Please also remit a resume and cover letter, as well as the Intern Questionnaire, to colleen@susanbanthonybirthplace.org

APPLICANT INFORMATION												
Last Name					First				M.I.	Date		
Street Address								Apartment/Unit #				
City					State	ZIP			Sex	M	F	
Phone					E-mail Address							
Skype ID					Social Security No.					Do you have a driver's license?		
Position Applied for												
Are you a citizen of the United States?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Have you ever worked for this company?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?							
Have you ever been convicted of a felony?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain							
EDUCATION												
High School				Address								
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree					
College				Address								
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree					
Other				Address								
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree					
REFERENCES												
<i>Please list three professional references.</i>												
Full Name					Relationship							
Company					Phone							
Address												
Full Name					Relationship							
Company					Phone							
Address												
Full Name					Relationship							
Company					Phone							
Address												

PREVIOUS EMPLOYMENT

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature

Date