



Internship Application

NeuAbility’s policy is to provide equal opportunity to all qualified persons without regard to race, creed, color, religion, sex, sexual orientation, age, national origin, ancestry, physical or mental disability, or veteran status.

Last name, First name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____ Date of Birth: _____

Email: _____ Phone: _____

Emergency Contact/Relationship: _____ Phone: _____

College/University: _____ Major _____ Year _____ GPA _____

Type of internship - check all that apply Full Time Part Time Credit No Credit

Applying for: Spring Summer Fall Semester Required hours for credit? _____

Availability Monday-Friday between 9am-5pm _____

Explain your reason for applying to the NeuAbility internship program. Please include specific objectives and expected benefits from this internship.

Security: Have you been convicted of a felony in the past 5 years? Yes No

If yes, please describe conditions. _____

Answering “yes” to this question does not constitute an automatic rejection for internship. Date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will all be considered.



Internship Application

Education:	School Name and Location	Year	Major or Anticipated Major
High School	_____	_____	_____
College	_____	_____	_____

Additional skills, qualifications, or experience that we should consider.

Employment History (Start with most recent employer)

1. Company: _____
Location: _____ Phone: _____
Year(s) Employed: _____ (example: 2017-2018) Supervisor: _____

2. Company: _____
Location: _____ Phone: _____
Year(s) Employed: _____ (example: 2017-2018) Supervisor: _____

I certify that the facts set forth in this application for internship are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. This company is hereby authorized to make any investigations of my prior applicable educational experience and employment history.

I understand that internship at this company is "at will," which means that either I or this company can terminate the internship relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All internships are continued on this basis. I understand that no supervisor, manager, or executive of this company, other than the president, has any authority to alter the foregoing.

I understand and agree to attend 4 hours of training prior to working with any participants at NeuAbility.

Signature _____ Date _____

Colorado Driver's License # _____