



APPLICATION FOR INTERNSHIP

Please print or type all information except signature.

Non-Discrimination Policy: Montcalm Care Network is committed to the principle of equal opportunity in employment. We are committed to maintaining a workplace free from unlawful discrimination. We do not discriminate on the basis of sex, race, color, creed, national origin, age, religion, sexual orientation, gender identity, marital status, veteran or military status, height, weight, protected disability, or any other characteristic protected by applicable state or federal laws, in employment, in our programs, and our activities.

GENERAL INFORMATION

Date _____

Type of Internship: _____

Degree being sought: Bachelor of Social Work MSW 2 - Year Program
1st Internship 2nd Internship
Other _____ MSW Advanced Standing

Name _____
Last First Middle

Address _____
Number Street City State Zip

Home Telephone _____ E-mail address _____

Cell Phone _____

Which school do you currently attend? _____

Have you ever filed an application here before? ☐ Yes ☐ No

If yes, give date _____

Have you ever been employed here before? ☐ Yes ☐ No

If yes, give date and position held _____

Are you currently employed? ☐ Yes ☐ No

If yes, may we contact your employer? ☐ Yes ☐ No ☐ Not at this time

If hired, are you legally eligible for employment in the United States? ☐ Yes ☐ No
(Proof of legal work status will be required upon employment)

Availability: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

When are you available to start? _____

Can you travel locally, if required? ☐ Yes ☐ No

What population are you wanting to serve? _____

What do you envision for your career in the next five years, specifically in a behavioral health setting (counseling, social work, etc.)?

Most Recent Employer	Dates Employed From: To: Final pay rate:	Work Performed
Address	Supervisor	
Job Title	Reason for Leaving	
Employer	Dates Employed From: To: Final pay rate:	Work Performed
Address	Supervisor	
Job Title	Reason for Leaving	

Employer	Dates Employed From: To: Final pay rate:	Work Performed
Address	Supervisor	
Job Title	Reason for Leaving	

Employer	Dates Employed From: To: Final pay rate:	Work Performed
Address	Supervisor	
Job Title	Reason for Leaving	

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EDUCATION				
TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Graduate School				
Bus. or Trade School				
Professional School				
Special Honors				

COMPUTER SKILLS	
Check off those computer skills with which you are proficient (any version).	
<input type="checkbox"/> PC User <input type="checkbox"/> Microsoft Excel <input type="checkbox"/> Other. Please list _____	<input type="checkbox"/> Macintosh User <input type="checkbox"/> Microsoft Publisher <input type="checkbox"/> Windows <input type="checkbox"/> Microsoft Power Point <input type="checkbox"/> Microsoft Word

DRIVER'S LICENSE (Only for positions which require driving)	
Do you have a driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Driver's license number _____ <input type="checkbox"/> Chauffeur	State of issue _____ <input type="checkbox"/> Operator <input type="checkbox"/> Commercial (CDL)
Expiration date _____	
OTHER SPECIAL SKILLS or Licenses You Have	
Please list other special skills you may have, e.g., fluency in other languages, licenses, special training required for the position for which you are applying, etc.	

MONTCALM CARE NETWORK RELEASE OF INFORMATION (APPLICANT WILL SIGN & DATE)

I, _____, authorize Montcalm Care Network to make inquiries of my former employers and school regarding my past employment record, including dates of employment, salary, performance evaluation, etc., for the purposes of assessing my qualifications for internship/employment.

SIGNATURE: _____

DATE: _____

REFERENCES

Please list two references from prior employers.

Name _____

Name _____

Position _____

Position _____

Company _____

Company _____

Address _____

Address _____

Telephone _____

Telephone _____

WAIVERS AND DISCLOSURES

Please read each section carefully and sign where indicated.

AT-WILL EMPLOYMENT

It is my understanding that this internship/employment application, or the granting of an oral interview, does not represent a contract of employment or a promise of future benefits by this organization. I understand and agree that, if hired; my employment will be at-will in nature and may be terminated, with or without cause, at any time, by either myself or my employer. I also understand that this written statement supersedes any and all oral representations made by agents or representatives of this organization.

CERTIFICATION OF TRUTH AND ACCURACY

I certify that the information in this application is true, complete and correct. I understand that false answers, statements, or significant omissions made by me on this form shall be sufficient cause for denial of employment or discharge.

NOTIFICATION AND AUTHORIZATION TO REQUIRE A TUBERCULOSIS SCREENING

I hereby certify that, if hired (or offered a rotation), I will disclose any limitations I have that may impact my ability to do the essential functions of the job. I further understand as a health care employee/intern I will be required to undergo a two-step Tuberculin skin testing by a PPD test or chest x-ray.

NOTIFICATION AND AUTHORIZATION TO CONDUCT BACKGROUND INVESTIGATION

I understand that I am subject to a background check, and hereby authorize Montcalm Care Network to investigate my background to determine any and all information of concern as to my record, whether same is of record or not, and I release employers and persons named in my application from all liability for any damages on account of his/her furnishing said information.

Additionally, you are hereby authorized to make any investigation of my personal history, educational background, military record, motor vehicle records and criminal records through an investigative or credit agency or bureau of your choice. I authorize the release of this information by the appropriate agencies to the investigating service. This authorization, in original or copy form, shall be valid for this and for any future reports and updates that may be required.

I understand that passing the background check is a condition of employment and/or being granted an internship. A negative background check can be grounds for dismissal, even if an offer has been made to me and I have been hired or started a rotation.

PLEASE SIGN HERE: _____ Date _____

Thank you for applying to Montcalm Care Network