



## Internship Application

In order to be considered for an internship, you must submit a signed and completed application form along with a cover letter and your resume. All application items must be submitted as a complete package. Incomplete applications will not be reviewed.

**A COPY OF A VALID GOVERNMENT ISSUED PHOTO IDENTIFICATION MUST BE ATTACHED AND USED TO VERIFY INFORMATION BELOW.**

Name(s) of Internships Applied For: \_\_\_\_\_

Name: \_\_\_\_\_

School Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School Telephone Number \_\_\_\_\_ Permanent Telephone Number \_\_\_\_\_

Email Address: \_\_\_\_\_

Permanent Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security Number \_\_\_\_\_

Are you legally eligible to work in the U.S.?     Yes     No

If you are not a U.S. Citizen, are there any restrictions on your eligibility for employment? \_\_\_\_\_  
\_\_\_\_\_

Are you requesting that your college grant you credit hours for your internship? \_\_\_\_\_

Dates available to perform internship: \_\_\_\_\_

**Education:**

<i>Type of School:</i>	<i>Name and Location:</i>	<i>Degree/Date Major:</i>
High School	_____	_____
	_____	_____
College	_____	_____
	_____	_____

Scholastic Honors and/or Licenses: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Employment History (Includes paid, volunteer, and intern positions):**

Most Recent Employer: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Supervisor (Name & Title): \_\_\_\_\_

Position Title: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Description of duties: \_\_\_\_\_  
\_\_\_\_\_

Employer: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Supervisor (Name & Title): \_\_\_\_\_

Position Title: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Description of duties: \_\_\_\_\_  
\_\_\_\_\_

**References**

Name: \_\_\_\_\_ Title \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Relationship: \_\_\_\_\_ How long: \_\_\_\_\_

Name: \_\_\_\_\_ Title \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Relationship: \_\_\_\_\_ How long: \_\_\_\_\_

Name: \_\_\_\_\_ Title \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Relationship: \_\_\_\_\_ How long: \_\_\_\_\_

Publications and Articles: \_\_\_\_\_  
\_\_\_\_\_

Community/professional organizations, honors and awards: \_\_\_\_\_  
\_\_\_\_\_

Activities relevant to the internship(s) for which you are applying: \_\_\_\_\_  
\_\_\_\_\_

Why you would like to work as an BlazeSports America intern? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Please attach additional information.  
I certify that all of the statements in this application are true and complete to the best of my knowledge. I understand that a false or incomplete answer may be grounds for not considering me or for my dismissal.*

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant Name (please print) \_\_\_\_\_

Mail or Fax Applications to: **BlazeSports America**  
**280 Interstate North Circle**  
**Suite 450**  
**Atlanta, GA 30339**  
**Fax: (770) 850-8179**

For Further Information please visit our website at [www.BlazeSports.org](http://www.BlazeSports.org) or call (770) 850-8199.