



# Positive Growth, Inc. Internship Application

## APPLICATION MATERIALS CHECKLIST

<input type="checkbox"/> Application Form	<input type="checkbox"/> 2. Cover Letter	<input type="checkbox"/> 3. Resume
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## PERSONAL INFORMATION

Name: Last, First, Middle		
Address (street, apt., city, state, zip code):		Mailing Address (if different):
Preferred Phone Number:		Preferred Email Address:
How did you hear about the Program? <input type="checkbox"/> Career Services Office <input type="checkbox"/> Professor/Academic Department <input type="checkbox"/> Website <input type="checkbox"/> Info Session. Please list event/location: _____ <input type="checkbox"/> Other, Please Specify: _____		

## EDUCATION INFORMATION (Complete only if applicable)

College/University Attending:	Major/Degree Program:
Anticipated Graduation Date:	Current GPA:
Current Year in School:	Total Credit Hours Completed:

## GENERAL INFORMATION

Why are you interested in participating in Positive Growth Internship Program?

What skills will you bring to an internship positions?  
INTERNSHIP POSITION OF INTEREST

Your area of interest as an Intern with Positive Growth, Inc?

Please select your term preference:  Fall  Spring  Summer

Which location:  Residential Care Program  Intervention /Counseling Center  
 Education Center

**Recommendation: Please attach two letters of recommendations- One must be from your school internship: administrator/supervisor/professor. Include the following information as part of the recommendation**

Recommendation #1

Name	Nature of Relationship
Title	Length of Relationship
Daytime Phone Number	Email Address

Recommendation #2

Name	Nature of Relationship
Title	Length of Relationship
Daytime Phone Number	Email Address

I certify that I personally have completed this application and that the information I am providing is complete and accurate. I understand that information is subject to verification.

Signature:	Date:
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**Notice to Applicants/  
Authorization to Release Background Information and Penalties for Falsification**

I understand that I am being considered for employment with Positive Growth, Inc., and that an investigation of my background will be conducted as part of the selection process. The background investigation will include the investigation and/or verification of a portion or all of the following:

- Criminal history/records;
- Motor vehicle records;
- Employment history;
- Any information provided on Positive Growth, Inc. application for Employment
- Motor vehicle records;
- Military service;
- Education history; and/or,

I understand that any information obtained during the investigation, including the falsification and/or misrepresentation of any statement of material fact on required agency forms, may result in the withdrawal of an employment offer or termination if already employed.

I understand that I will be ineligible for employment with Positive Growth, if I am on active probation for any criminal molestation and/or child abuse, if I have a pending criminal charge for any criminal offense or an active felony or non-felony warrant, or if I have been convicted of any of the following crimes:

- Any felony;
- Simple battery, when the victim is a minor;
- Contributing to the delinquency of a minor;
- Sexual offenses;
- Criminal attempt when the crime attempted is of the crimes specified by this paragraph; or,
- Any other offense committed in another jurisdiction that, if committed in this state, would be one of the enumerated crimes listed in this paragraph.

I authorize the release of all information pertaining to my education, military, and employment history and any other information provided on applicable forms used in the selection process to any designated official. I further authorize the release of any criminal history record information pertaining to me that may be maintained by any federal, state, or local criminal justice agency to designated official(s).

If hired, I understand that this authorization shall remain in effect throughout my employment with the Positive Growth, Inc. and shall serve as authorization for Positive Growth, Inc. to obtain information pertaining to my criminal history record(s) as necessary for valid business reasons.

If hired, I understand that I am required to report all arrests and/or convictions to my supervisor within twenty-four (24) hours of or the next business day following the date of the arrest and/or conviction.

A copy of this form may be used in lieu of the original.

Partial Intern Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## **INTERN APPLICANT AGREEMENT AND CERTIFICATION**

“I certify that the information given by me in this application is true in all respects, and I agree that if the information is found to be false in any way at any time, it should be considered sufficient for denial of internship or discharge. I authorize the use of any information in this application to verify my statements, and I \_\_\_\_\_ authorize the past employers, all references, and any other person to answer all questions asked concerning my ability, character, reputation, and previous internship record. I release all such persons from any liability or damage on account of having furnished such information.”

“I understand that nothing contained in this intern application or in the granting of an interview is intended to create an internship contract between Positive Growth, Inc. and myself for either internship or for the providing of any benefit. No promises regarding an internship have been made to me, and I understand that no such promise or guarantee is binding upon Positive Growth, Inc. unless made in writing. If an internship relationship is established. I understand that I have the right to terminate my internship with at less a two-week notice in writing and that Positive Growth, Inc. retains the same right.”

I understand that prior to being offered an internship with Positive Growth, Inc. I may be requested to take an internship examination. In the event that I have a disability, which will affect my ability to take the test, I will so inform Positive Growth, Inc. prior to the administration of the test so that a reasonable accommodation can be made. Requested accommodations may include accessible testing sites, modified testing conditions, and accessible testing formats. Positive Growth, Inc. reserves the right to require medical documentation concerning the need for the accommodation.”

“I understand that internship policies and rules which are issued are not conditions of an internship and that the Positive Growth, Inc. may revise policies or procedures in whole or in part at any time.”

“I understand that this application will be kept active for 30 days from the date completed, after which time I would have to re-apply in accordance with established company procedures.”

“I certify that I have never been convicted of and has never been shown by credible evidence, e.g., a court or jury, a department investigation or other reliable evidence that I have sexual assaulted or exploited, abused, neglected or deprived a child, or adult or to have subjected any person to serious injury as a result of intentional or grossly negligent misconduct as evidenced by an oral or written statement to this effect obtained at the time of the application;”

“I understand that as a condition of the application process for an internship Positive Growth, Inc. will perform a federal, state and local criminal records check which the result must be satisfactory, and by signing this application I acknowledge my understanding of this and my consent to such checks and any updated reports.

“I understand and agree that upon request by my employer and when applicable at any time during the term of my internship, I must present evidence of a valid driver’s license and/or State Identification.

“I understand a confidentiality letter must be signed and forwarded to Positive Growth, Inc.”  
Criminal Background Check, Non-Violence Crisis Prevention Training, CPR, First Aid may be a prerequisites for an internship with Positive Growth, Inc. You have thirty days from date of your signature to supply proof of certification.