

## INTERNSHIP APPLICATION

<b>I. Contact Information</b>			
<b>Last Name</b> Click here to enter text	<b>First Name</b> Click here to enter text	<b>Middle Name</b> Click here to enter text	<b>Date of Application</b> Click here to enter text
If any of your educational or employment records are under any name(s) other than that shown above, please provide the name(s) under which these records may be located: Click here to enter text			
<b>Street Address</b> Click here to enter text	<b>City</b> Click here to enter text	<b>State</b> Click here to enter text	<b>Zip/Postal Code</b> Click here to enter text
<b>Home Phone</b> Click here to enter text		<b>Secondary Phone</b> Click here to enter text	
Have you reached your 16th birthday? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Have you previously interned with the US-Bulgarian Chamber?</b> If "Yes," please give dates of your internship(s)  Click here to enter text			
<b>Have you previously applied for employment to and/or an internship with the US-Bulgarian Chamber?</b> If "Yes", please give date(s) and department(s)  Click here to enter text			
Please identify any relatives or friends currently employed by US-Bulgarian Chamber, indicating job title and place of employment.  Click here to enter text			

<b>II. Application</b>
<b>Program Applying For:</b> <input type="checkbox"/> U.S-Bulgarian Chamber Internship <input checked="" type="checkbox"/>
<b>Please list up to 3 opportunities to which you wish to apply:</b> (Please include department and title. Ex. Institute for Legal Reform- Marketing) <ol style="list-style-type: none"> <li>1. Click here to enter text</li> <li>2. Click here to enter text</li> <li>3. Click here to enter text</li> </ol>
<b>How did you learn about this internship opportunity?</b> Click here to enter text
<b>Internship Status Desired (Check all that apply):</b> <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time

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### III. Education and Experience

School Name	Location of School	Course of Study	No. of Years Completed	Did you Graduate?	Type of Diploma or Degree
High School	Click here to enter text	Click here to enter text	Years	Select	Click here to enter text
College or University	Click here to enter text	Click here to enter text	Years	Select	Click here to enter text
College or University	Click here to enter text	Click here to enter text	Years	Select	Click here to enter text
Graduate or Professional School	Click here to enter text	Click here to enter text	Years	Select	Click here to enter text
Trade or Business School	Click here to enter text	Click here to enter text	Years	Select	Click here to enter text
Training in Specialty Areas	Type of training	Address of Training Program	Click here to enter text		

**Do you hold professional licensure/registry/certification? If yes, please provide particulars:**

Click here to enter text

**Describe any other education, training, skills, language proficiencies, or certificates you possess which are relevant to the internship for which you have applied:**

Click here to enter text

**List all methods, techniques, equipment and computer software applications with which you are proficient and which are relevant to the internship for which you have applied:**

Click here to enter text

**Describe present and past memberships in professional, collegiate, or philanthropic organizations, including offices held (you may exclude any memberships which suggest or disclose your race, color, national origin, religion, disability or any other protected status):**

Click here to enter text

**List published articles/research of a work-related nature:**

Click here to enter text



Starting with current or most recent, list all employers past and present. Include self-employment and summer and part-time jobs.

<b>Current or Most Recent Employer</b>	Company Name		Telephone	Type of Business
	Street Address	City	State	Zip/Postal Code
	May We Contact?		Employed	
	Base Pay (annual): Start \$ Last \$			
	Other Compensation (Shift Premium, Bonus): \$ per			
	Name and Title of Immediate Supervisor		Your Position Title	
	Date Hired		Date Separated	
	Reason for Leaving			
Describe your work associated with this position:				

Significant Job-Related Accomplishments:

<b>2nd Previous Employer</b>	Company Name		Telephone	Type of Business
	Street Address	City	State	Zip/Postal Code
	May We Contact?		Employed	
	Base Pay (annual): Start \$ Last \$			
	Other Compensation (Shift Premium, Bonus): \$ per			
	Name and Title of Immediate Supervisor		Your Position Title	
	Date Hired		Date Separated	
	Reason for Leaving			
Describe your work associated with this position:				

Significant Job-Related Accomplishments:

<b>3rd Previous Employer</b>	Company Name		Telephone	Type of Business
	Street Address	City	State	Zip/Postal Code
	May We Contact?		Employed	
	Base Pay (annual): Start \$ Last \$			
	Other Compensation (Shift Premium, Bonus): \$ per			
	Name and Title of Immediate Supervisor		Your Position Title	
	Date Hired		Date Separated	
	Reason for Leaving			
Describe your work associated with this position:				

Significant Job-Related Accomplishments:

Describe any other experiences (e.g., volunteer work), qualifications, skills or abilities which you possess in addition to those you have outlined above and which you consider important to the successful performance of the job for which you are applying (you may exclude any experiences which suggest or disclose your race, color, national origin, religion, disability or other protected status).

Click here to enter text

List current and former co-workers, colleagues and/or professional acquaintances not related to you (other than those persons listed previously) who can provide first-hand knowledge of your qualifications and abilities. U.S.-Bulgarian Chamber may contact these references in connection with its consideration of your credentials.

Name	Relationship to You	Occupation and Title	Phone Number (Include Area Code)	Years Known

I understand that neither this internship application nor any other company documents, policy manuals, handbooks, benefit plans, policy statements and the like, as they may exist from time to time, or other company practices constitute a contract or guarantee of employment.

I understand that my work and personal history may be investigated in connection with my internship application, and that an independent agency may be retained by the Chamber to conduct such investigations. I authorize my previous employers, schools and other people named above to give any information they may have regarding me, whether or not it is on their records. I hereby release said employers, schools or people from all liability for any damages resulting from disclosure of this information.

Electronic Signature

Applicant's Signature [Click here to enter text](#)

Date [Click here to enter text](#)