



## INTERNSHIP APPLICATION

### Good Samaritan Community Services An Equal Opportunity Employer

**Good Samaritan Community Services** considers all applicants for internship without regard to race, color, religion, gender expression or identity, national origin or citizenship, disability, veteran status, marital status, sexual orientation, or any other legally protected class in discrimination in employment in every jurisdiction in which it maintains facilities. **Good Samaritan Community Services** also provides reasonable accommodations to disabled individuals in accordance with applicable laws. Auxiliary aids will be made available upon request.

All statements made by applicants on this form may be checked for accuracy.

### PERSONAL INFORMATION

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

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Telephone: \_\_\_\_\_

Best Time to Call: \_\_\_\_\_

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

Birthdate: \_\_\_\_\_

Emergency Contact (name, relationship, phone number):  
\_\_\_\_\_

What languages do you speak/write? \_\_\_\_\_

Have you ever been convicted of any violation of the law other than minor traffic violations? If yes, explain. \*Indication of a criminal record does not absolutely prohibit employment but will only be considered in relation to specific job requirements.  
\_\_\_\_\_

How did you hear about this internship program? \_\_\_\_\_



**INTERNSHIP INFORMATION**

University: \_\_\_\_\_ Degree Program: \_\_\_\_\_

Level (Bachelor or Graduate): \_\_\_\_\_ Current GPA: \_\_\_\_\_

If this internship is required by your program,  
# Internship Hours Needed: \_\_\_\_\_ Over 1 semester of 2 semesters? \_\_\_\_\_

Which semester(s) are you available for your internship?  
\_\_\_\_\_ Fall            \_\_\_\_\_ Spring            \_\_\_\_\_ Summer

What is your availability for interning (please take into account employment hours and class hours; GSCS does not typically have evening & weekend hours except for special events):

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning (8:30-1:00)	_____	_____	_____	_____	_____
Afternoon (1:00-7:00)	_____	_____	_____	_____	_____

Which internship opportunities are you interested in:

- \_\_\_\_\_ Senior Case Management (Foundation or Advanced Placement - Bilingual preferred)
- \_\_\_\_\_ Youth Case Management (Foundation or Advanced Placement)

**EXPERIENCE**

Please describe any relevant experience and include locations, dates, and duties if applicable. If you do not have experience, simply state “no experience.”

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## PRE-SCREENING QUESTIONS

1. Describe your computer skills. Which computer software programs are you comfortable using?
2. What do you consider to be your top five personal assets? How do these factors impact your life/college/work history?
3. How do you organize yourself and your life?
4. How do you prefer to be supervised or managed?
5. How do you prefer to learn how to do new things?
6. What is the most challenging job you ever had? What made it challenging?
7. Are there any other factors we should consider regarding your suitability for placement at GSCS?



**REFERENCES (Professional & Personal)**

Please give name, email address, phone number, and relationship of three references.

<b>Name</b>	<b>Email</b>	<b>Phone #</b>	<b>Relationship to you</b>
1.			
2.			
3.			

**Thank you for your cooperation! Please return this completed application to:**

**Amanda James, LMSW, Senior Director of Youth and Teen Services**  
**amanda.james@goodsamtx.org**

**Certification/Reference Release-** By submitting this application and any attachments, I certify that all information provided is true and accurate, and contains no willful falsification or misrepresentation. I understand that intentional falsification or misrepresentation will disqualify me from consideration for an internship placement at Good Samaritan Community Services; and if accepted, are grounds for termination. I hereby authorize present and former employers, associates, schools, law enforcement agencies, military organizations, and/or other persons and organizations to provide Good Samaritan Community Services with any information that may aid in determining my suitability for internship placement. Additionally, I release those individuals and/or organizations contacted from all liability whatsoever for issuing the requested information, and hereby waive my right to receive written notice of any such information provided. I also hereby release Good Samaritan Community Services, its affiliates and employees from any and all liability and damages for requesting, releasing, and using information concerning me, my work, and performance record.

*As a condition of internship placement, you must submit to, and pass, a pre-employment drug test. A background check will also be conducted.*

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_