



Internship Application

An Equal Opportunity Employer

Please Print Fall Winter Spring Summer

Date Last Name First Name Middle Initial

Current Address City State Zip Code

() ()

Home Phone Cell Phone Email

Dates of Availability: Day Shift
 Night Shift

Personal Information

Areas of Interest: (Select all that apply)

Have you ever applied to or worked for mOcean before? Yes No

If yes, when? _____

Do you have any friends or relatives who work for mOcean? Yes No

If yes, state name(s) and relationship:

Name Relationship

Name Relationship

How did you hear about mOcean?

- Website Facebook Referred by: _____
- Career Fair LinkedIn Other: _____

If hired, would you have reliable means of transportation to and from work? Yes No

Are you at least 18 years old? (if under 18, hire subject to verification that you are minimum legal age.) Yes No

If hired, can you present evidence of your U.S. Citizenship or proof of your legal right to live & work in this country? Yes No



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Are you able to perform the essential functions of the internship for which you are applying, either with or without reasonable accommodation? Yes No

If no, describe the functions that cannot be performed.

Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, as well as skill and agility tests.

Education, Training, and Experience

School	Name & Address	# of years Completed	Did you graduate?	Degree/Diploma
High School	Name _____ City _____ State _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
				GPA: _____
College/University	Name _____ City _____ State _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
				GPA: _____
Vocational/Business	Name _____ City _____ State _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
				GPA: _____

Awards, Scholarships, & Interest Related Activities



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Employment / Internship History

List below all present and past internships starting with your most recent employer (last five years is sufficient).

Name of Employer/Internship	()	Telephone Number
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Type of Business	Your Supervisor's Name
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Address	City	State	Zip
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Dates of Employment:	Position Held:	May we contact this employer for a reference: <input type="checkbox"/> Yes <input type="checkbox"/> No
_____ to _____	_____	

Duties & Responsibilities

Reason for Leaving

Name of Employer/Internship	()	Telephone Number
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Type of Business	Your Supervisor's Name
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Address	City	State	Zip
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Dates of Employment:	Position Held:	May we contact this employer for a reference: <input type="checkbox"/> Yes <input type="checkbox"/> No
_____ to _____	_____	

Duties & Responsibilities

Reason for Leaving

Note: Attached additional page(s) if necessary.



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References

List below three persons, not related to you, who have knowledge of your work performance within the last three years.

_____	_____	_____ () _____	
Last Name	First Name	Telephone Number	
_____	_____	_____	_____
Address	City	State	Zip
_____	_____		
Occupation	Number of Years Acquainted		

_____	_____	_____ () _____	
Last Name	First Name	Telephone Number	
_____	_____	_____	_____
Address	City	State	Zip
_____	_____		
Occupation	Number of Years Acquainted		

_____	_____	_____ () _____	
Last Name	First Name	Telephone Number	
_____	_____	_____	_____
Address	City	State	Zip
_____	_____		
Occupation	Number of Years Acquainted		

Please Read Carefully, Initial Each Paragraph & Sign Below.



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Initials

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for internship and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or any document used to secure internship shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

Initials

I hereby authorize the company to thoroughly investigate my references, work record, education and other matters related to my suitability for internship and, further, authorize the references I have listed to disclose to mOcean all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release mOcean, my former employers, and all other persons, corporations, partnerships, and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

Initials

I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my internship, if hired, is intended to create an internship contract between me and mOcean. In addition, I understand and agree that if I am employed, my internship is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or mOcean, and that no promises or representations contrary to the foregoing are binding on mOcean unless made in writing and signed by me and mOcean's designated representative.

Applicant's Signature

Applicant's Name (print)

Date