



**APPLICATION FOR INTERNSHIP**

**TODAY'S DATE:** \_\_\_\_\_

**Personal Information**

Last Name			First Name			M.I.	
Street Address					Apartment		
City			State		Zip		
Age (If under 18)			Email Address			Phone	

**How did you initially learn about Light Work's Internship Program (check all that apply)?**

Light Work Website	<input type="checkbox"/>	Friend/Colleague/Relative	<input type="checkbox"/>	Light Work Staff	<input type="checkbox"/>
Visited the Facility	<input type="checkbox"/>	Through Syracuse University	<input type="checkbox"/>	Local News / Advertising	<input type="checkbox"/>
Facebook / Social Media	<input type="checkbox"/>	Other (please describe)			

**Education**

<b>Current:</b> Name of Institution		Degree/Course of Study	
Number of Credits Completed to Date	Anticipated Graduation Date		
<b>Previous:</b> Name of Institution		Degree/Course of Study	
Number of Credits Completed	Graduation Date		

**Special Skills & Talents**

**List any special skills or abilities (e.g. photography, languages, computer, office machines, printing, typing, etc.)**

**Availability**

Dates Available to Participate in Internship Program (month/day/year):						Number of hours per week desired:	
From: __ / __ / __ to __ / __ / __							
Fill in the chart below indicating your availability each day:							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From:							
To:							

**Employment/Volunteer History (start with most recent)**

Company Name:		Address:	
Position Title:	Employed From: (month/day/year) / /	Employed To: (month/day/year) / /	Reason for leaving:
Briefly describe responsibilities:			
Supervisor's Name:	Phone Number:	May we contact this person as a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Company Name:		Address:	
Position Title:	Employed From: (month/day/year) / /	Employed To: (month/day/year) / /	Reason for leaving:
Briefly describe responsibilities:			
Supervisor's Name:	Phone Number:	May we contact this person as a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Company Name:		Address:	
Position Title:	Employed From: (month/day/year) / /	Employed To: (month/day/year) / /	Reason for leaving:
Briefly describe responsibilities:			
Supervisor's Name:	Phone Number:	May we contact this person as a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>	

### References

List two references we may contact if not already included above (no relatives please):

1. Name:  
Company:  
Title:  
Phone/Email: Relationship to You:
  
2. Name:  
Company:  
Title:  
Phone/Email: Relationship to You:

### Personal Statement

In addition to the completed Internship Application Form, we request all applicants to provide us with a short (approximately 500 words) personal statement addressing the following: Why are you interested in an internship with Light Work, and how does it fit with your future plans?

By submitting this application you are confirming that the information in it is complete, correct and true. Any misstatement or omission of fact on this application may result in your removal from Light Work's Internship Program.

**Send a copy of your current résumé and the completed application  
to: [lab@lightwork.org](mailto:lab@lightwork.org)**