



# Career Exploration Internship Program

## APPLICANT SCREENING FORM

### APPLICANT INFORMATION:

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

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

DOB: \_\_\_\_\_

Guidance Counselor: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION:

Parent/Guardian  
Name & Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

***I hereby give permission for my son/daughter to participate in  
Becton Regional High School's Career Exploration Internship Program.***

Parent/Guardian Signature: \_\_\_\_\_

Student Signature: \_\_\_\_\_



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<b>CAREER CHOICE 1:</b>		<b>CAREER CHOICE 2:</b>	
<b>Current GPA:</b>			
<b>Awards:</b>			
<b>Extracurricular Activities:</b>			
<b>Volunteer Activities:</b>			
<b>Employment Experiences:</b>			
<b>Hobbies/Interests:</b>			
<b>Foreign Languages:</b>			
<b>Computer Skills:</b>			
<b>Other Skills:</b>			
<b>Strengths:</b>			
<b>Challenges:</b>			
<b>Strongest Subjects:</b>			



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- Do you have Internet access at home?     YES     NO
- Do you have transportation?     YES     NO    If no, how will you get to internship?
- Do you have school or employment obligations that may interfere with the internship?     YES     NO    If yes, please explain.
- Do you have health issues that may affect internship attendance?     YES     NO    If yes, please explain.

## ESSAY

*Please answer the following questions in report format.*

- ✓ Why are you interested in this particular career field?
- ✓ Why do you think this career is a good fit for you?
- ✓ Why do you want to participate in the *Career Exploration Internship Program* and how do you think the experience will benefit you?

**APPLICATION DUE DATE:**  
**Friday, February 15, 2019**