



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: _____



Career Exploration Internship Program

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



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- Do you have a personal computer? YES NO
- Do you have Internet access? 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:

Thursday, March 1, 2018