**Medweganoonind Library Summer 2018 Intern Application**

The summer internship requires 150 hours of work to be completed during scheduled library hours from

June 4-August 24. The exact schedule will be set up once an intern is hired based on library hours and availability of staff and the intern.

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| **General Information** | |
| **Full Name (as printed on Official ID):** | |
| **Address:** | **City, State, Zip** |
| **Email Address:** | **Phone #:** |
| **Preferred method of contact:**  **Phone  Email** | **Best time of day to contact:** |

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| **Education Background** | | | |
| **Name of School** | **Years attended** | **Degree Acquired** | **Graduation Date** |
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| **Work History-**Please list the most recent work history first. | |
| **Employer:** | **Position Title:** |
| **Start Date:** | **End Date:** |
| **Supervisor:** | **Address of Employer:** |
| **Responsibilities:** | |

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| **Work History** | |
| **Employer:** | **Position Title:** |
| **Start Date:** | **End Date:** |
| **Supervisor:** | **Address of Employer:** |
| **Responsibilities:** | |

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| **References** | | |
| **Name** | **Relationship** | **Phone #** |
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| **Short Answer Questions** |
| **Why are you interested in an internship at Medweganoonind Library?** |
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| **What do you hope to learn from this internship?** |
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| **Certification Statement** |
| I certify that all statements made in this application are true and correct, and that any misstatement of material facts may subject me to disqualification or dismissal.  Also, I authorize investigation of all statements made in this application. |
| **Signature of Applicant Date** |

**After completing the application,**

**please email this to cassy.leeport@rlnc.education or**

**drop off in the library before noon on May 14.**

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