



# Application for Internship

Qualified applicants receive equal consideration. No question is asked for the purpose of excluding any applicant due to race, color, national origin, religion, age, sex, disability, veteran status, or any other characteristic protected under local, state or federal law. WE ARE AN EQUAL OPPORTUNITY EMPLOYER.

Name \_\_\_\_\_  
Last First M.I.

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

College/University Attending \_\_\_\_\_

Major \_\_\_\_\_ Minor \_\_\_\_\_

Expected Date of Graduation \_\_\_\_\_ GPA \_\_\_\_\_

Internship Semester (Summer/Spring/Fall) \_\_\_\_\_

Will You Be Receiving Course Credit for This Internship \_\_\_\_\_

Activities/Interests \_\_\_\_\_

Special Skills or Abilities \_\_\_\_\_

Computer Skills \_\_\_\_\_

What are your qualifications to work as an intern for MHEG \_\_\_\_\_

What do you expect to learn and experience at MHEG \_\_\_\_\_

# Previous Employment Experience

Please list any previous employment experience you may have, along with a current resume a references. If you do not have any employment experience, you may list any volunteer experience.

<b>Employer</b>	Employed (mo./Yr.)  From:  To:	Type of work performed
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Address/City

Name of Supervisor

<b>Employer</b>	Employed (mo./Yr.)  From:  To:	Type of work performed
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Address/City

Name of Supervisor

<b>Employer</b>	Employed (mo./Yr.)  From:  To:	Type of work performed
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Address/City

Name of Supervisor

I certify that the answers given by me to the foregoing questions and statements are true and correct to the best of my knowledge without consequential omissions of any kind. I understand that any misleading or incorrect statements may render this application void. I also voluntarily and knowingly authorize the companies, schools or persons named above to give any information requested regarding my former employment, character and qualifications. In consideration of my internship, I agree to conform to the rules and regulations of this organization. I agree to work the entire term of my internship. My internship can be terminated with or without cause and with or without notice, at any time.

Signature \_\_\_\_\_ Date \_\_\_\_\_

PLEASE EMAIL YOUR APPLICATION TO:

Keely McAleer  
Public Relations Specialist

[kmcaleer@mheginc.com](mailto:kmcaleer@mheginc.com)