



Capital District Sport and Fitness

Internship Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

How did you hear about the internship? _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever had your professional license disciplined? YES NO

If yes, explain: _____

Have you ever been convicted of a crime? YES NO

If yes, explain: _____

Conviction of a crime will not necessarily be a bar to internship. Factors such as age at the time of the offense, type of offense, remoteness of the offense in time, and rehabilitation will be taken into account in determining effect on suitability for internship.

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Certifications, Internships, and Continuing Education

Please list additional professional certifications (ie. CSCS, CPT, ATC, LMT)

Please list certifications achieved through continuing education (ie. FMS, SFMA, Strong First, TPI)

Please list any internships with dates:

Please list your most recent continuing education attended:

References

Please list three professional references.

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Previous Employment

Company: _____ Phone: _____
Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Application Information Release

I hereby authorize any person, educational institution, or company I have listed as a reference on my internship application to disclose in good faith any information they may have regarding my qualifications and experience for this internship. I will hold Capital District Sport and Fitness, LLC, any former employers, educational institutions, and any other person giving references free of liability for the exchange of this information and any other reasonable and necessary information incident to the internship process.

Signed: _____

Printed Name: _____

Date: _____

Social Media Policy

I will also hold myself to a professional standard on all of my social media accounts and act in accordance with Capital District Sport and Fitness' policies in regard to my online image. CDSF has the right to view my profiles and any inappropriate material must be removed. If inappropriate material persists (including, but not limited to drinking, drug use, sex, racism) it may result in immediate termination of my internship.

Signed: _____

Printed Name: _____

Date: _____