

Athletic Training Internship Program
Arizona Western College Athletics

Please fill out all of the sections below in BLACK or BLUE ink:

Applicant Information

Applicant Name: _____

Address: _____

City, State and Zip Code: _____

Telephone Number: _____

Email Address: _____

Date of Application: _____

Athletic Training Internship Program (part-time)

How did you hear about this program? _____

Are you available to start working on August 1, 2015? _____

Do you have reliable transportation to and from AWC _____

Main Campus?

Personal Information

Are you 18 years of age or older? Yes No

Are you a U.S. citizen or approved to work in the United States? Yes No

Do you have any condition which would require job Yes No

accommodations?

If yes, please describe accommodations required below.

Have you ever been convicted of a criminal offense? Yes No

If yes, please state the nature of the crime(s), when and where convicted, and disposition of the case:

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense.)

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Job Skills/Qualifications

Please list below the skills and qualifications you possess for the Athletic Training Internship Program:

Education and Training

High School(s)

Name	Location (City, State)	Year Graduated	Degree Earned

College/University

Name	Location (City, State)	Year Graduated	Degree Earned

Vocational School/Specialized Training

Name	Location (City, State)	Year Graduated	Degree Earned

Previous Employment

Employer Name: _____

Job Title: _____

Supervisor Name: _____

Employer Address: _____

City, State and Zip Code: _____

Employer Telephone: _____

Dates Employed: _____

Reason for Leaving: _____

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Employer Name: _____
Job Title: _____
Supervisor Name: _____
Employer Address: _____
City, State and Zip Code: _____
Employer Telephone: _____
Dates Employed: _____
Reason for Leaving: _____

Additional Employment Information

Do you plan on having a part-time job while you are in the Athletic Training Internship Program?

Do you have any experience working under a certified athletic trainer? If so, please provide the name and number of your supervising athletic trainer and include how many hours you worked/observed.

By signing below, you acknowledge that you have completed this application and you understand the intent and meaning of this application. You also certify that the information provided is correct.

Print: _____
Signature: _____ **Date:** _____

