

Internship Program Student Application

Student Name _____ Date _____
LAST FIRST

Address _____
STREET CITY STATE ZIP CODE

Home Telephone _____ E-mail _____

What is the best way to communicate with you (check one)? E-mail Phone

Are you currently enrolled at Oakton? Yes No If so, what is your major? _____

How many course hours do you have in your major? _____

How many courses are you currently taking? _____

What is your GPA? _____ Are you eligible to work in the U.S.? Yes No

How many hours per week are you able to work? _____

How many weeks are you able to work (typically between 8-16 weeks)? _____

What are some of your job strengths? _____

What software or other equipment are you familiar with? _____

What job skills are you looking to develop/learn? _____

How did you hear about the internship program? _____