



Should I be offered an internship, I, _____, give Harbor authorization to conduct a criminal history background check and receive the results of the drug screen that is required of Harbor interns. I understand that if I am applying for an Internship/Externship and if required, I must obtain necessary licensure (i.e. Social Work Trainee or Counselor Trainee license) within 15 business days of my start date with Harbor and maintain licensure throughout the internship. My internship placement is contingent on obtaining and maintaining appropriate licensure and upon the results the of background check and drug screen.

Signature: _____ Date: _____

Personal Information:

| | |
|-----------------|-------|
| Date: | _____ |
| Name: | _____ |
| Street: | _____ |
| City/State/Zip: | _____ |
| Cell Phone #: | _____ |
| Email: | _____ |

Institution Information:

| | |
|-------------------------------|-------|
| Educational Institution: | _____ |
| Degree & Major: | _____ |
| Dept. Phone #: | _____ |
| Course Name: | _____ |
| Instructor/Field Coordinator: | _____ |
| Office Phone: | _____ |
| Email: | _____ |

Internship Details:

| | | |
|---|-----------------------|---------------------------------------|
| Duration of Internship: _____ | Hours Required: _____ | Date You Can Start: _____ |
| Type of Experience Desired: _____ | | |
| Days/Hours Available: _____ | | |
| Supervision Licensure and Other Requirements: _____ | | Anticipated Licensure and Date: _____ |

References (interns only):

Please have **two** references fill out the forms below. References may **not** be relatives/friends.

For consideration, email your completed application and completed reference check forms to jworkman@harbor.org

Candidate Details

| | |
|--|-------|
| Candidate Name: | Date: |
| Internship Candidate is Being Considered For and Location: | |

Reference Details

| | | | |
|------------------------------|-------------------------------|---------------|----------------------------|
| Relationship: (check one) | Advisor Professor Other | Name: | Position and Organization: |
| | | Phone Number: | |

Please answer the following questions about the candidate:

| | | |
|----------------------------|--|--|
| Past Performance | How long have you known the candidate? | |
| | What were the candidate's strengths? What were the candidate's weaknesses or areas where the candidate could improve? | |
| | Do you think the candidate is suitable for the job being applied for? | |
| Candidate Character | Would you trust the candidate with large sums of money, children or fragile individuals? | |
| | Are there any red flags we need to consider? | |
| | When was the last time you had contact with the applicant? | |
| | Is there anything else you'd like to mention about the candidate? | |

| | | |
|--------------|---|--|
| Team | How does the candidate relate to others? | |
| Job Specific | Do you have any reason to question the applicant's reliability? | |
| | How did the candidate react to stressful situations? | |
| Summary | | |

Candidate Details

| | |
|--|-------|
| Candidate Name: | Date: |
| Internship Candidate is Being Considered For and Location: | |

Reference Details

| | | | |
|------------------------------|-------------------------------|---------------|----------------------------|
| Relationship: (check one) | Advisor Professor Other | Name: | Position and Organization: |
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| | | |
|--------------|---|--|
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| | How did the candidate react to stressful situations? | |
| Summary | | |