



NATIONAL SPORTS CENTER FOR THE DISABLED
 PO Box 1290 – Winter Park Resort
 Winter Park, CO 80482
 www.nscd.org

1801 Mile High Stadium Cir. Ste 1500
 Denver CO 80204

APPLICATION FOR INTERNSHIP

Can you provide the specific requirements by your college or university for this internship? yes no
 If no, would you like to proceed as an applicant for fieldwork position? yes

Equal Employment Opportunity (EEO) Policy

NSCD is dedicated to the principles of equal employment opportunity. We prohibit unlawful discrimination against applicants or employees on the basis of age 40 and over, race, sex, color, creed, religion, national origin, disability, sexual orientation, ancestry, citizenship, veteran status, genetic information, or any other applicable status protected by state or local law.

Please list in order of preference position(s) applied for: _____ Today's Date _____

Date range of availability: _____

PERSONAL INFORMATION

Last Name	First Name	Middle Initial	Cell Number	Email Address
Present Mailing Address		City	State	Zip Code

Are you 18 years of age or older? Yes No

If hired, can you furnish proof you are eligible to work in the U.S.? Yes No

Were you ever employed at the NSCD or at Winter Park Resort? Yes No If yes, when? _____

Have you ever been convicted of any law violation (except a parking ticket?) Yes No

Do you have a valid driver's license? Yes No

EDUCATION and EXPERIENCE

LIST NAME AND City/State OF SCHOOLS	Date Completed	Degree/Diploma Certificate
High School or GED _____		
College or University _____		
Are you looking at this internship to fulfill your CTRS requirements? yes <input type="checkbox"/> no <input type="checkbox"/>		
List any relevant certifications, date attained and valid through: (for example: CPR, First Aid, PSIA, AASI, ACA, AMGA)		

Foreign language(s) you speak _____		
	Fluently	Good
	Fluently	Good
		Fair
		Fair
Club, organization, or group affiliations: (List offices held.)		
Exclude any labor organizations or any organizations of which the name and character indicate race, color, religion, sex, age, national origin or ancestry of its members.		

PREVIOUS EMPLOYMENT

List names of employers in consecutive order with present or last employer listed first.

Company Name and Address	Dates	Name of Supervisor & Phone Number	Job Title/Duties	Last Salary	Reason for Leaving
	From: To:				
	From: To:				
	From: To:				

May we contact your present employer? Yes No Explain: _____

Have you ever been fired from a job or asked to resign? Yes No If yes, please explain _____

REFERENCES - three personal references, not to include relatives or former employers.

Name	Address	Phone	Occupation

How were you referred to us? _____
 (Please provide as much info as possible so we can thank our partners!)

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this internship application is true and complete. I understand that any false information or omission may disqualify me from further consideration for internship and may justify my dismissal if discovered at a later date.

I understand that the employer may request an investigative consumer report from a consumer reporting agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from interviews with neighbors, friends, former employers, schools and others. I understand I have a right to make a written request within a reasonable time for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation.

I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer (except as previously noted), past employers and organizations named in this application to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand I may be required to successfully pass a drug screening examination. I hereby consent to pre or post internship and random drug screening.

I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT INTERNSHIP DOES NOT CREATE A CONTRACT OF INTERNSHIP NOR GUARANTEE INTERNSHIP FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY INTERNSHIP MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.

I have read, understand, and by my signature consent to these statements

Signature _____ Date _____

This application will remain on file 6 months. Contact NSCD HR f at jobs@nscd.org for re-activation process.