

RYTHER APPLICATION FOR INTERNSHIP

Last Name, First, Middle	Date
Street Address	
City	State Zip Code
Day Phone	Evening Phone
Driver's License #	Social Security #
When does internship start?	When does internship end?
Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, for what position?	

EDUCATION

Name and Location of School	Course of Study	Degree/Date
High School		
College		
Graduate		
Other		

1. Briefly describe why you wish to intern at Ryther: _____

2. What do you hope to accomplish as an intern at Ryther? _____

3. List your skills/training relevant to this application: _____

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STATEMENT OF AUTHORIZATION

The statements set forth in this application are, to the best of my knowledge, true and complete. I agree that any misstatements or omissions as to material fact will constitute grounds for unfavorable consideration or dismissal from your internship with Ryther. I hereby authorize Ryther to verify any of the information I have provided in this application. This verification may include former employers, educational and training institutions and other appropriate sources. I also agree to hold Ryther and those persons who are contacted in connection with my application harmless from any legal claim regarding compliance with the request for references herein given. I agree to conform to Ryther Personnel Policies as made known to me.

Signature

Date

Please submit your resume with your completed application.

DO NOT WRITE BELOW THIS LINE

ITEM REQUIRED	DATE COMPLETED	ITEM REQUIRED	DATE COMPLETED
<i>All Applicants:</i>		<i>Direct Line Staff must also have:</i>	
Application		TB test	
Criminal History Check		First Aid	
Signed Assurance of Confidentiality (P020)		CPR	
Copy of Driver's License		<i>Direct line staff who handle food must also have: _____</i>	
Proof of Liability Insurance		Food Handler's Permit	

Disposition (Program): _____ Supervisor: _____

Days: _____ Times: _____

Staff Signature/ Title: _____ Date: _____