ACS Internship Application Form



Name *					
First Name	Last Name				
Phone Number *					
Please enter a valid phone number.					
Email *					
example@example.com					
Address *					
Street Address					
Street Address Line	2				
City	State / Province				
Postal / Zip Code					

Education Information:

Ludcation information.				
University/College Name *				
University/College: City, Sta	ite, and Zip Code *			
City	State			
Zip Code				
Degree Program *				
What Year are You in School	ol? *			
Freshman Sophomore				
Junior				
Senior Graduate Student				
Gradate Gradent				
Expected Graduation Date				
Month Day Year				
GPA (if applicable)				

(example: 4.0)

Internship Details

Desired Internship/Role *

Accounting Intern
Human Resources Intern
Machine Technician Intern
Marketing Intern
Operations Intern
Quality Control Intern
Sales Associate Intern

Select Availability *

Full-time (30-40 hours per week)
Part-time (under 30 hours per week)

Desired Duration of Internship (In Weeks) *

Minimum Duration of 8 Wee

Desired Start Date *

Month Day Year

Will you be completing this internship to also earn credit with your College/University? *

Yes

No

Additional Information

Why are you interested in this	s internship? *				
What do you hope to learn fro	om this internship	? *			
Do you have any relevant experience or coursework? If so, please provide details. *					
References (prior employers Nar Reference 1 Reference 2	or professors): me	Email	Phone Number		
Please be sure to attach a copy of your resume when you submit this form to us.					

 ${\it Please attach the resume in PDF format if submitting via email.}$

or

Attach a physical copy if you are submitting a hardcopy of this form in person or via standard mail.

Legal Questions

Are you legally authorized to work in the count	ry of the internship location? *
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Yes

No

All internships are unpaid. Do you understand and agree with this term/condition? *

Yes, I understand this internship is unpaid and that the value I gain from this internship will be primarily in the form of training/mentorship along with experience.

Declaration:

By signing and submitting this form to America Cleaning Solutions, I certify that all information provided is accurate and truthful to the best of my knowledge.

I also understand that it is my responsibility to provide America Cleaning Solutions with my educational institution's required documentation (if necessary) for obtaining any school credits with this internship.

Signature

Date Signed *

Month Day Year