



APPLICATION FOR INTERNSHIP

PRE-EMPLOYMENT QUESTIONNAIRE
EQUAL OPPORTUNITY EMPLOYER

By completing and forwarding these documents, you are authorizing Meaningful Day Services, Inc. to complete employment reference checks.

PERSONAL INFORMATION

DATE

NAME (LAST NAME FIRST)		SOCIAL SECURITY NO.	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NO. ()	REFERRED BY		

EMPLOYMENT DESIRED

POSITION	CIRCLE THE DATE YOU CAN START	Do You Require Housing?
Recreational Therapy Intern	January May August	Yes No

EDUCATION HISTORY

NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL			
COLLEGE			
COLLEGE			
NAME OF ACADEMIC INSTRUCTOR (EMAIL/PHONE/ADDRESS)			

GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING/SKILLS	
U.S. MILITARY OR NAVAL SERVICE	RANK



FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM _____ TO _____				
FROM _____ TO _____				
FROM _____ TO _____				
FROM _____ TO _____				

CLINICAL/PRACTICUM EXPERIENCES

POPULATION SERVED	AGE	SETTING	Supervisor

REFERENCES GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	YEARS KNOWN

AUTHORIZATION

“I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.”

DATE _____ SIGNATURE _____

INTERVIEWED BY _____ DATE _____

DO NOT WRITE BELOW THIS LINE

REMARKS

NEATNESS		CHARACTER		
PERSONALITY		ABILITY		
HIRED	FOR DEPT.	POSITION	WILL REPORT	SALARY WAGES

Attachment to Application for Employment

Please include phone and fax numbers, if known, for the employers and references you've listed on the Application. A letter of eligibility for internship from Music Therapy professor is required with this application. Please provide an official copy of transcripts with this application. An audition will be scheduled with interns after application has been reviewed.

Former Employers

Name	Phone	Fax or E-mail Address



References

Name	Phone	Fax or E-mail Address

AUTHORIZATION TO RELEASE INFORMATION



By completing and forwarding these documents, you are authorizing Meaningful Day Services, Inc. to complete employment reference checks.

The undersigned has applied for employment with Meaningful Day Services, Inc. (prospective employee) and hereby authorizes and directs you and your Organization to provide the Prospective Employer with all information about me and my employment information relating to my: dates of employment, job titles, employment application; performance evaluations; wage or salary history; disciplinary actions, if any; attendance record and reason for leaving.

I am aware that Indiana law provides immunity to you and your organization when you disclose information about me, unless the information disclosed was known to be false at the time the disclosure was made.

In exchange for your cooperation, I hereby agree that I will not bring any suit or action against you and your organization, its officers or agents, for providing any requested information that is not known to be false at the time of providing it to the Prospective Employer.

I have executed and dated one original of this Authorization which will be maintained by the Prospective Employer, and you are authorized to respond to the Prospective Employer's requests as if this document were the original. This Authorization shall remain valid indefinitely or until such time as it is revoked by me in writing and delivered to you.

Thank you for your cooperation.

Date: _____

Name: _____

Address: _____

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Applicant's
SS#: _____