

APICDA INTERNSHIP APPLICATION

To be considered for the internship program applicants must submit a completed application packet. A complete application packet includes the following: (Check off all items)

- Application form
- Cover letter that includes the following:
 1. Your training and employment goals
 2. How this internship related to your goals
 3. What you hope to gain from the internship
 4. Your plans after completing the internship
- Current resume
- Two letters of recommendation; one professional and one personal
- Proof of age, must be 18 or older

Internship Eligibility:

Applicants must be 18 years of age and a current resident of one of APICDA's member communities.

Submit Application To:

Human Resources
APICDA
509 West Third Ave. Ste #101
Anchorage, AK 99501
ldelgado@apicda.com
Phone: (907) 929-5273
Toll Free: 1-888-927-4232
Fax (907) 646-7741

Employer:	Supervisor:	
Address:	Phone:	
Position/Title:	Dates of Employment: / / - / /	
Duties & Responsibilities :		
Reason for Leaving:	Starting Salary: \$	Ending Salary: \$
Are you Rehireable? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Please Explain Why:		

Employer:	Supervisor:	
Address:	Phone:	
Position/Title:	Dates of Employment: / / - / /	
Duties & Responsibilities :		
Reason for Leaving:	Starting Salary: \$	Ending Salary: \$
Are you Rehireable? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Please Explain Why:		

Please provide three personal references of people that we can call regarding your school or work history.

Name	Relationship	Address	Phone Number

Will you need financial assistance with the following?

Airfare transportation Housing

Applicant's Signature

Date

APICDA Representative

Date