Alliance Technologies, LLC

College Internship Program

Application

Print or type the following information:

Name: _____ Middle Initial: Date:

Birth Date: _____ Address: _____ State: _____

City _____ Zip: _____ E-mail: _____

College/ University: _____

Address: _____ Major: _____

_____ Minor: _____

Highest Level Completed: _____ Current Semester: _____

Website: _____

I understand that I am applying to be considered for a summer Intern Program at Alliance Technologies, LLC Laboratory. If selected, I understand that this is a commitment of responsibility, time, energy, and enthusiasm and will try to uphold these to the best of my ability. The information I have provided on this application is correct and true to the best of my knowledge. I am aware that knowingly providing false information could result in rejection of my application and/or dismissal from the program.

Signature of Applicant _____ Date _____

Eligibility Requirements

- All applicants must be enrolled in some form of higher education at the time of participation.
- This application must be completed by the applicant and represent the applicant's own work.
- All applicants must have a 3.3 GPA or above.
- Applicant must provide evidence of interest in and aptitude for science, technology, engineering, and/or mathematics.
- Applicant must be willing to work 20 to 40 hours/week during the course of the internship.

Please briefly answer each of the following questions, typed, on separate paper. Type your name in the right-hand corner of each piece of paper.

1. Why did you choose to apply for this Internship Program and what do you hope to gain from your participation?

2. Describe why you chose to pursue a career related to science, technology, engineering, and/ or mathematics.

Summer Availability

Please indicate below your start date and end date:

Start Date: _____ End Date: _____

Academic Information

Last Semester GPA: _____ Overall GPA: _____

List below all courses you have taken related to Mathematics, Science, & Computer:

Course	Field of Study	Year

References (1 or more / professor or other adult besides family members)

Name/ Relationship	Phone #	Email
1.		
2.		

Work and Volunteer Experience

List below job or volunteer experience (if any):

Organization or Company	**Duties**	**Year**

Briefly describe ONE extracurricular or community service activity you were involved with, your role, and what you learned from it:

EMERGENCY MEDICAL TREATMENT AUTHORIZATION & RELEASE

Name _____ Birth Date _____
Street _____ City _____ State _____
Zip _____ E-mail _____ Phone # _____

Emergency Contact		**Emergency Phone #**	
Relationship		**Insurance Company**	
Policy Number		**Policy Holder**	

Please list **ANY** physical limitations, medical problems, and special dietary/medical needs.

RELEASE AND WAIVER OF LIABILITY: I give permission for Alliance Technologies staff to provide any medical assistance they feel appropriate for the participant listed above. I also give permission for any emergency personnel to treat the participant listed in the event of an emergency. I will be responsible for any and all medical expenses that may be incurred of the participant. In consideration of the right to participate in the Alliance Technologies Intern Program, I, for myself & the participant, have and do hereby assume all risks and will indemnify and hold harmless Alliance Technologies, its employees, trustees, officers, volunteers, and members from any and all liability, actions, causes of action, debts, claims, demands or other liability of every kind and nature whatsoever which may arise from or in connection with my participation in any activities sponsored through Alliance Technologies, whether caused by ordinary negligence or otherwise. This signed agreement will serve as a release or assumption of risks for my heirs, executor and administrators, assigns, or next of kin and for members of my family/ policy holder. If any portion of this release is found invalid, the balance will remain in full legal force and effect.

Participant: *You must sign this completed form*

SIGNATURE and *PRINTED NAME* OF Participant & Policy Holder

Participant Signature _____ **Printed Name** _____ **Date** _____

Policy Holder Signature _____ **Printed Name** _____ **Date** _____