

Internship Application

1. Send Resume or Curriculum Vitae via any of the following to the Human Resources Department:

- a. Email - careers@ncssinc.org
- b. Postal Service - 107 Fisher Pond Rd., St. Albans, VT 05478
- c. Fax (802) 527-2032

2. Include the following information:

- a. Letter of interest
- b. Completed NCSS application (attached)

3. Attach specific graduate or undergraduate program details:

- a. Internship requirements
- b. Supervision expectations

Application acceptance deadline may vary by Division. See Internship Opportunities for details.

Northwestern Counseling & Support Services, Inc.

107 Fisher Pond Road, St. Albans, VT 05478

INTERNSHIP APPLICATION

Date: _____ Name: _____ Other Names Used: _____
 Street Address: _____ Home Phone: _____
 City, State, Zip Code: _____ Work Phone: _____
 Email Address: _____

What Division are you applying for?

- Behavioral Health
 Children Services
 Developmental Services
 Administration

Is there a NCSS Program that interests you?

When are you available to start your internship?

And end:

Education	Names & Address of School	Area of Study	Graduate or Undergraduate		Degree or Diploma
College/University			U	G	
College/University			U	G	

Program Information: (Please be specific regarding your internship needs)		Hours Per Semester	
What program are you in?		Direct Hours: _____	Total Internship Hours Needed
Supervision requirements?		Indirect Hours: _____	

Availability	A.M.	P.M.	Evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Do you currently have a valid driver's license? Yes No

Applicable Interests, Hobbies, Skills:

Applicable Experience

Employers, Work Study Programs, Volunteer Events, etc.

Company Name	Telephone
Address	Employed (state month and year) From _____ To _____
State job title and describe your work	Reason for leaving
Company Name	Telephone
Address	Employed (state month and year) From _____ To _____
State job title and describe your work	Reason for leaving
Company Name	Telephone
Address	Employed (state month and year) From _____ To _____
State job title and describe your work	Reason for leaving
Company Name	Telephone
Address	Employed (state month and year) From _____ To _____
State job title and describe your work	Reason for leaving

REFERENCES

Name	Relationship	Phone

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I certify that all information provided in this application is true, accurate and complete. I understand that any false or misleading information, including omission, intentional or unintentional, may disqualify me from further consideration to be an intern and may result in my dismissal if subsequently discovered.

I also understand that any offer of internship for NCSS is conditioned upon satisfactory results of criminal and motor vehicle background checks.

I further understand that acceptance of an offer of internship with NCSS does not create a guarantee for a definite period of time or an obligation on NCSS' part to continue to use me as an employee in the future. I understand that if selected I have been selected at the will of NCSS and my services may be terminated at anytime, with or without cause and with or without notice.

_____ Date

_____ Signature

AUTHORIZATION TO CHECK REFERENCES

I hereby authorize Northwestern Counseling & Support Services, Inc. ("NCSS"), or its agents/employees, to perform a check on my references and credentials, including verification of degree(s), professional licenses, internship, residency, fellowship, experience, certification credentials, and any other background information, which may be requested in conjunction with my active candidacy for a internship position with NCSS. This check will include, but is not limited to, verbal or written communications and/or discussions with my past and/or current employer and/or supervisor(s), co-workers, friends, business associates, past and/or current educational institutions, or other individuals that NCSS, at its sole discretion, believes may have relevant information regarding my suitability for an internship. I hereby agree to release and hold harmless NCSS, its agents and employees from any and all claims arising out of NCSS' investigation of my references and credentials and any employment decisions made about me on the basis of information revealed by such investigation.

I also authorize all persons, institutions, organizations, and companies to whom this Authorization to Check References is presented to release and furnish to NCSS, its employees or agents any and all employment, education, credentialing and/or any other information sought in connection with this check. I hereby release and hold harmless any person, institution, organization, or company contacted by NCSS from any and all claims arising out of the release of information to NCSS in connection with its investigation of my references and credentials.

_____ Applicant Signature

_____ Date