



Internship Application
 2728 Euclid Ave Suite 400
 Cleveland, OH 44115

Today's Date: _____

Name and Contact Information

First Name	Middle Initial	Last Name	Current Phone Number	Email Address

Current Address	City	State	Zip Code

Position Applied for:	SS# (LAST 4 Digits)	Message Phone	PLEASE NOTE: Complete all parts of the application. If your application is incomplete it may not be accepted. If you have no information to enter in a section, please write N/A
Date you would be able to start:			

Additional Information

Have you been an employee of this organization in the past?

Are you legally authorized for employment in the USA?

Have you been convicted of an offense other than minor traffic violation? Yes ___ No ___
 If yes, please use an additional sheet to explain each conviction.

How did you find out about this position?	Are you related to any current or previous employee? If yes, whom?

EDUCATION

Enhancing the lives of individuals, families and the community!

Highest Level of education completed												College				Graduate School																			
1	2	3	4	5	6	7	8	9	10	11	12	GED				1	2	3	4																
School												Location				Attendance Dates				Did you Graduate?				Type of Degree or Diploma				Major				Minor			
High School or GED																																			
College or University																																			
Graduate or Professional School																																			
Vocation or Technical School																																			
Please list specific courses, workshops or training you have that are related to the position in which you are applying.																																			

WORK HISTORY

Employer:			Type of Organization			Address		
Job Title						Phone Number		
Date Employed (Month /Yr)			Starting Salary			Reason for Leaving		
			\$ _____ per year					
Date Separated (mo/yr)			Ending Salary					
			\$ _____ per year					
Job Duties (be specific)								

Employer	Type of Organization	
Job Title	Supervisor	Phone Number
Date Employed (Month /Yr)	Starting Salary \$ _____ per year	Reason for leaving
Date Separated (mo/yr)	Ending Salary \$ _____ per year	
Job Duties (be specific)		
Employer	Type of Organization	Address
Job Title	Supervisor	Phone Number
Date Employed (Month /Yr)	Starting Salary \$ _____ per hour	Reason for Leaving
Date Separated (mo/yr)	Ending Salary \$ _____ per hour	
Job Duties (be specific)		
Employer	Type of Organization	Address:
Job Title	Supervisor	Phone Number
Date Employed (Month /Yr)	Starting Salary \$ _____ per hour	Reason for Leaving
Date Separated (mo/yr)	Ending Salary \$ _____ per hour	
Job Duties (be specific)		

REFERENCES

List **three references**- two of these must be work (e.g., supervisor) and one from school (e.g., professor /teacher), or a college degree or proof of current college enrollment.

Applicant’s Statement and Conditions of Employment

(Please read carefully before signing.)

I understand that all of the information written in this job application and any supporting documents attached herein are subject to verification and give my consent for that purpose. I also agree that you may contact references, educational institutions and licensing boards listed on the application prior to any final offer of employment.

I certify that the answers given by me in this employment application are true, correct and complete. I agree that Life Solutions South, LLC shall not be liable, in any respect, if my employment is terminated because of misstatements or pertinent omissions made by me in this application. It is agreed and understood that completion of this application does not mean a job opening exists and in no way obligates the Company to employ me.

In the event of employment, I will comply with all company rules and regulations as established from time to time. Since the Company does not offer contracts of employment, unless signed by the Owner, I understand that nothing contained herein is intended to create a contract between Life Solutions South, LLC and me for either employment or the provision of any compensation or benefits. I understand that I have the right to terminate my employment at any time and likewise, Life Solutions South, LLC has the same right.

I hereby understand and acknowledge that any employment relationship with Life Solutions South, LLC is of an “At-Will” nature, which means that the employee may resign at any time and the employer may discharge employee at any time, with or without notice, and with or without cause so long as there is no violation of the law. It is further understood that this “AT-Will” employment relationship may not be changed by any written document or by verbal agreement unless such change is specifically acknowledged in writing by the Owner.

Life Solutions South, LLC provides equal employment opportunity to all qualified individuals without regard to their race, color, religion, national origin, sex, age, disability, sexual orientation, or any other characteristics protected by law, in all personnel actions. Life Solutions South, LLC also prohibits discrimination against individuals with disabilities and will reasonably accommodate applicants with a disability, upon request, and will also ensure reasonable accommodation for employees with a disability.

This application is valid for sixty days from the date of this application.

Applicant’s Signature: _____

Date: _____