

**Downtown Lexington Corporation
Intern Application 2010**

Name: _____

Cell Phone Number: _____

Address: _____

Email address: _____

Education: _____

Computer Skills: _____

Current Grade Point Average: _____

Honors/Activities: _____

Position Applying For: _____

Is this internship for school credit? Yes No (please circle one)

How many hours do you need to fulfill your school credit? _____

Professor Contact Information: _____

Are at least 20 years of age: Yes No (please circle one)

- Some tasks require you be at least 20 years of age.

Can you work weekends? Yes No (please circle one)

Can you work evenings? Yes No (please circle one)

What date can you start your internship? _____

What days and times will you be coming in? _____

Emergency Contact: _____

2 References (not a family member): _____

Thank you for applying for an internship at the Downtown Lexington Corporation. The Downtown Lexington Corporation extremely values our interns and we must insist all interns arrive on time and commit to the entire time period. Failure to do so may result in not receiving class credit. Kathryn Minton, Office Coordinator for the Downtown Lexington Corporation will contact you soon.

By signing this document you are stating the above information is accurate and true.

Signature: _____