



GRADUATE MENTORSHIP PROGRAM APPLICATION

Application information

Full name: _____ Date: _____
Last First M.I.

Local Address: _____ Phone: _____
Street address Apt/Unit #

_____ Email: _____
City State Zip Code

Career Goal: _____

Goal for Graduate Mentorship Program: _____

Are you a citizen of the United States? Yes No

If no, are you authorized to work in the U.S.? Yes No

Have you ever worked for this company? Yes No If yes, when? _____

Have you ever been convicted of a felony? Yes No If yes, explain? _____

Education

High school: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes No Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes No Degree: _____

Graduate: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes No Degree: _____

References

Please list three professional references.

| | | | |
|------------|-------|---------------|-------|
| Full name: | _____ | Relationship: | _____ |
| Company: | _____ | Phone: | _____ |
| Address: | _____ | Email: | _____ |
| | | | |
| Full name: | _____ | Relationship: | _____ |
| Company: | _____ | Phone: | _____ |
| Address: | _____ | Email: | _____ |

Previous Employment

| | | | | | |
|--|------------------------------|-----------------------------|-------|-----|-------|
| Company: | _____ | Phone: | _____ | | |
| Address: | _____ | Supervisor: | _____ | | |
| Job title: | _____ | From: | _____ | To: | _____ |
| Responsibilities: | _____ | | | | |
| May we contact your previous supervisor for a reference? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | | |

Disclaimer and signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

| | | | |
|------------|-------|-------|-------|
| Signature: | _____ | Date: | _____ |
|------------|-------|-------|-------|