



999 164th Ave. N.E., Bellevue, WA 98008
Phone: 425-747-4937
Confidential Fax 425-957-0351

www.youtheastideservices.org
Bellevue • Kirkland • Redmond • Sammamish

INTERNSHIP APPLICATION

It is the policy of Youth Eastside Services (YES) to provide equal access to the provision of services, equal opportunity for membership, and equal opportunity for candidates for employment/advancement without discrimination and retaliation on the basis of race, creed, religion, color, ancestry, national origin, political ideology, age, gender, pregnancy, sexual orientation, disability, military status, veteran status, marital status, the presence of any sensory, mental, or physical handicap, or other protected characteristic.

However,

1. Employment is conditioned on a criminal history background check,
2. Upon employment, applicants are required to show proof of identity and citizenship/eligibility to work in the United States, and
3. Employees in licensed WA State Group Care Facility are required to be 21 years of age or older.

All information provided is private among YES' Hiring Committee and Human Resources Department.

CONTACT INFORMATION

Please PRINT or TYPE all requested information.

Full Name:		Name you use:
Date of Birth:	Gender(s):	
Street Address:		
City:	State:	Zip Code:
Phone:	Email:	

GRADUATE PROGRAM INFORMATION

University/College:		
Program/Degree Sought:	Anticipated Graduation Date:	
Advisor Name:	Advisor Contact Information:	
Total Internship Hours Needed:	Direct/Clinical Hours Needed:	Relational Hours Needed: <i>(if applicable)</i>
Supervisor Requirements:		Audio/Visual Requirements:
Other Requirements:		

A lifeline for kids and families.



BACKGROUND INFORMATION

Do you have a physical or medical condition that would limit your capacity for the position? <input type="radio"/> Yes <input type="radio"/> No	If "Yes," what accommodations are needed?
Have you ever been convicted of a felony? <input type="radio"/> Yes <input type="radio"/> No	Do you have reliable transportation? <input type="checkbox"/> Yes, car <input type="checkbox"/> Yes, bus <input type="checkbox"/> Yes, other <input type="checkbox"/> No
Are you currently on a student visa? <input type="radio"/> Yes <input type="radio"/> No	If "Yes," what is the expiration date?

The internship for which you are applying for is, at minimum, a 9-month commitment. YES cannot guarantee continuation of your internship beyond the expiration date of your visa.

Ethnicity (Spanish/Hispanic Origin):

Not Spanish/Hispanic Puerto Rican Other Spanish/Hispanic
 Mexican, Mexican American, Chicano Cuban

Race (Check all that apply):

<input type="checkbox"/> White/Caucasian	<input type="checkbox"/> Native American	<input type="checkbox"/> Laotian
<input type="checkbox"/> African American	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Guamanian/Chamorro
<input type="checkbox"/> African Ethnic	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Cambodian
<input type="checkbox"/> Japanese	<input type="checkbox"/> Samoan	<input type="checkbox"/> Other Pacific Islander
<input type="checkbox"/> Chinese	<input type="checkbox"/> Thai	<input type="checkbox"/> Other Asian
<input type="checkbox"/> Filipino	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Korean		

Languages and Fluency:

1.	<input type="radio"/> Native Speaker <input type="radio"/> Fluent <input type="radio"/> Moderate Proficiency <input type="radio"/> Low Proficiency
2.	<input type="radio"/> Native Speaker <input type="radio"/> Fluent <input type="radio"/> Moderate Proficiency <input type="radio"/> Low Proficiency
3.	<input type="radio"/> Native Speaker <input type="radio"/> Fluent <input type="radio"/> Moderate Proficiency <input type="radio"/> Low Proficiency
4.	<input type="radio"/> Native Speaker <input type="radio"/> Fluent <input type="radio"/> Moderate Proficiency <input type="radio"/> Low Proficiency



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RELEVANT WORK/EXPERIENCE/EDUCATION HISTORY

Current occupation & employer:		Years of job-related experience:
Highest degree earned:	Discipline of degree:	Year degree was completed:
Affiliations (service, memberships, church, clubs, ect.):		

AVAILABILITY

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning (8 a.m. - 12 p.m.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 9 a.m. - 1 p.m.
Afternoon (12 - 4 p.m.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Evening (4 - 8 p.m.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	N/A

PROFESSIONAL REFERENCES

Name	Relationship	Contact Info

I certify that the facts set forth are true and complete to the best of my knowledge. I understand that if I am accepted, false statements may result in dismissal. I authorize Youth Eastside Services to investigate facts set forth in this application and run a Washington State Patrol Criminal Background check.

Applicant Signature: _____

Today's Date: _____