



**GREATER METROPOLITAN AREA HOUSING AUTHORITY  
OF ROCK ISLAND COUNTY**  
621 17th Avenue, East Moline, IL 61244



**INTERNSHIP APPLICATION FORM**

TODAY'S DATE: \_\_\_\_\_

**PERSONAL INFORMATION**

NAME:		PHONE:
ADDRESS:		
CITY:	STATE:	ZIP:
HAVE YOU PREVIOUSLY OR CURRENTLY RESIDED WITH GMAHA?		<input type="checkbox"/> YES <input type="checkbox"/> NO
IF SO, WHEN AND WHERE?		
ARE YOU LEGALLY ELIGIBLE TO WORK IN THE UNITED STATES?		<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YOU ARE NOT A U.S. CITIZEN, ARE THERE ANY <u>RESTRICTIONS</u> ON YOU ELIGIBILITY FOR EMPLOYMENT?		
IF YES, PLEASE EXPLAIN: _____		<input type="checkbox"/> YES <input type="checkbox"/> NO

**SCHOOL INFORMATION**

NAME OF SCHOOL:		PHONE:
ADDRESS:		
CITY:	STATE:	ZIP:
ARE YOU CURRENTLY ENROLLED OR WILL BE ENROLLED IN SCHOOL DURING THE SEMESTER YOU PLAN TO INTERN?		<input type="checkbox"/> YES <input type="checkbox"/> NO
ARE YOU REQUESTING THAT YOUR COLLEGE GRANT YOU CREDIT HOURS FOR YOUR INTERNSHIP?		<input type="checkbox"/> YES <input type="checkbox"/> NO
MAJOR/CONCENTRATION:	DEGREE AWARDED OR WORKING TOWARD:	
NUMBER OF SEMESTERS COMPLETED:	ANTICIPATED GRADUATION DATE:	

**INTERNSHIP INFORMATION**

NAME OF INTERNSHIP PROGRAM FOR WHICH YOU ARE APPLYING:	
<input type="checkbox"/> Accounting	<input type="checkbox"/> Social Services
<input type="checkbox"/> Property Management	<input type="checkbox"/> Human Resources
<input type="checkbox"/> Capital Improvements/Facilities Management	<input type="checkbox"/> Public Administration
TERM(S)	
<input type="checkbox"/> SUMMER	<input type="checkbox"/> WINTER/SPRING
<input type="checkbox"/> FALL	<input type="checkbox"/> OTHER
WILL YOU SEEK ACADEMIC CREDIT FOR THIS INTERNSHIP? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<i>If seeking academic credit, interns are responsible for obtaining and meeting their specific program requirements. GMAHA will provide necessary documentation for credit upon request.</i>	
PLEASE PROVIDE CONTACT INFORMATION, IF ANY, FOR YOUR ACADEMIC ADVISOR:	
Name:	Phone:
E:mail:	
WILL YOU BE AVAILABLE FOR: <input type="checkbox"/> Full-time, 35+hrs per week <input type="checkbox"/> Part-time, 10-20 hrs per week	

DAYS AVAILABLE: (Please Circle)		
Monday	Tuesday	Wednesday Thursday Friday - Saturday Sunday
LIST ANY SPECIAL SKILLS, INTERESTS, AND/OR TRAINING: _____		
ANY BACKGROUND OR EXPERIENCE IN THE FOLLOWING:		
<input type="checkbox"/> Customer Service	<input type="checkbox"/> Marketing/Sales	<input type="checkbox"/> Computers/ IT
<input type="checkbox"/> General Office Skills	<input type="checkbox"/> Leasing	<input type="checkbox"/> Other _____
<input type="checkbox"/> Application Processing/Leasing	<input type="checkbox"/> Social Work	_____
<b>REFERENCES</b>		
PLEASE PROVIDE TWO (2) PROFESSIONAL REFERENCES. DO NOT LIST FRIENDS OR RELATIVES.		
NAME:	PHONE:	
ADDRESS:		
CITY:	STATE:	ZIP:
RELATIONSHIP:	HOW LONG HAVE YOU KNOWN EACH OTHER:	
NAME:	PHONE:	
ADDRESS:		
CITY:	STATE:	ZIP:
RELATIONSHIP:	HOW LONG HAVE YOU KNOWN EACH OTHER:	
<b>ATTACHMENTS</b>		
Please submit the following materials as part of your application package.		
<input type="checkbox"/> Resume: Attach a resume in which you list relevant coursework, work experience, and other experience that relate to the internship program for which you are applying.		
<input type="checkbox"/> Personal Statement: On a separate sheet of paper, please write a short narrative why an internship at GMAHA and the specific intership program for which you are applying relate to your academic and career goals. If applying for more than one program, please prepare a statement for each. Please keep the statements to one page.		
<input type="checkbox"/> Letter of Recommendation: Provide one letter of recommendation from a current or former teacher or employer in a sealed envelope. Indicate in this application if the letter is included or if it will be sent separately.		
<b>PLEASE RETURN COMPLETED APPLICATION AND ATTACHMENTS VIA MAIL, E-MAIL OR FAX TO:</b>		
Greater Metropolitan Area Housing Authority of Rock Island County Attn: Andrea Handel, Intern Coordinator 621 17th Avenue East Moline, IL 61244	e-mail: <a href="mailto:ahandel@gmaharic.org">ahandel@gmaharic.org</a> phone: 309-755-4527 x404 tty: 1-800-545-1833 x820	
<b>SIGNATURE:</b>		
I, _____ (print name) hereby authorize the Greater Metropolitan Area Housing Authority to verify the information provided by me on this form. I understand that such verification may include contacting any or all appropriate employers, governmental agencies or individuals as identified on this form. <i>(This authorization is valid for a period of 90 days from the date indicated below).</i>		
Signed _____ Date _____		