



Department of Commerce Internship
Program for Postsecondary Students

Application

Academic Status as of May : <input type="checkbox"/> SO <input type="checkbox"/> JR <input type="checkbox"/> SR <input type="checkbox"/> GRAD STUDENT Cumulative GPA: _____ Requested Starting Date _____ Graduation Date: _____ / _____ <div style="text-align: center;"> <i>Month</i> <i>Year</i> </div>

- Name _____
- School Name: _____
- Current Address _____ Phone (____) _____
 City _____ State _____ Zip _____
- Home Address: _____ Phone (____) _____
 City _____ State _____ Zip _____ Fax# _____
- Cell Phone #** _____ **Current E-mail Address** _____
- U.S. Citizen: Yes No
 Permanent Resident Alien: Yes No if yes, Country _____
- Education (beginning with current and list **ALL colleges** and universities attended)

College/University	Major	Dates Attended	Degree Program	Degree Date

- Employment record (begin with current)

Dates	Employer	Position/rank	Nature of work

Please include a current copy of your resume with this application.

- Academic Honors or Awards

1. _____	2. _____
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10. List two professional references who have been asked to submit recommendations directly to ORAU (Please use attached reference forms. A letter of reference may be included with the form if desired).

1.	2.
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11. Health Insurance Carrier _____ Identification Number _____

I would like to have my application viewed by other programs. () Yes () No

I understand that all information (including transcripts) supplied in support of this application will be transmitted to DOC sites.

Signature of Applicant _____ **Date** _____

Description of Research Interests and Career Plans

Print or Type

Name: _____

I. Description of Research Interests:

II. Description of Career Plans:



REFERENCE FORM

Applicant Name _____

How long and in what association have you known this applicant? _____

In a group of 100 other students of comparable age and experience, how would you rate the applicant with respect to the following:

Personal Characteristics	Below Average	Average	Above Average	Outstanding	Superior	Inadequate Observation
Motivation Toward a Productive Career						
Growth During Total Period Observed						
Imagination and Originality of Thought						
Emotional Maturity and Stability						
Ability to Work With Others						
Independence and Self-Reliance						
Leadership Potential						

In a group of 100 other students of comparable age and experience, how would you rate the applicant with respect to the following:

Capabilities	Below Average	Average	Above Average	Outstanding	Superior	Inadequate Observation
Mastery of Fundamentals						
Skill/Originality of Special Projects						
Ability to Communicate (Written/Oral)						

Add any descriptive comments that will assist in providing a complete picture of the applicant's character, attitude, abilities, and potential. Use additional sheets if necessary.

Signature _____ Department _____

Typed/Printed Name _____ Date _____

Address _____



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Address _____



Applicant Data

Applicant data is important in assessing the effectiveness of our efforts to solicit applications from a Diverse Population. Your completion and submission of this form will assist us in this regard; however, if you decide not to do so, your choice will not affect our decision regarding your application. We appreciate your cooperation.

Name _____ Date _____

Citizenship: USA
 Legal Permanent Resident Alien (LPR)
 Foreign National - Country _____

If US citizen, please complete:
Race and/or Ethnic Origin (check one)

Race (Check one)

- () American Indian or Alaskan Native
- () Asian
- () Black or African American
- () Caucasian (White)
- () Hispanic or Latino
- () Native Hawaiian or Other Pacific Islander
- () Two or More Races

Birth Date: _____
(month/day/year)

Gender: Male Female

Physical/mental disability (Physical or mental impairment that substantially limits one or more major life activities; for example, blindness, deafness, or mobility impairment): Yes No

Return To: Oak Ridge Associated Universities, **Attn: Alicia Wells**, P.O. Box 117, Mail Stop 36, Oak Ridge, TN 37831-0117, Phone: 865-576-3409, Fax: 865-241-5220, E-mail: DOCprogram@orau.org