



**Student Internship Application
Red Lake Nation College**

**Qualified applicants are considered for employment without regard to race, color, marital status, national origin, sexual orientation, age, physical or mental disability, or religious affiliation.
Internships are only available to current RLNC students.**

How did you hear about this internship? : Social Media Website Instructor Other

APPLICANT INFORMATION		
NAME <i>(First Middle Last)</i>		DATE:
ADDRESS <i>(Street, PO Box, City, State, Zip)</i>		
HOME PHONE # (with area code)	CELL # (with area code)	STUDENT E-MAIL ADDRESS
Have you ever been employed at RLNC? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you a Veteran? <input type="checkbox"/> No <input type="checkbox"/> Yes, Branch:		
Have you pled "Guilty" or "No Contest" or been convicted of a felony?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, what was the offense?		Date of offense:
Are you legally eligible for employment in the United States of America? <input type="checkbox"/> Yes <input type="checkbox"/> No		

VOLUNTARY DEMOGRAPHIC INFORMATION
<p>Providing this information is voluntary. No personnel selections are made based on this information*</p> <p>*Red Lake Nation College will make every effort to recruit and hire the most qualified individuals available for all position. The College reserves the right to invoke American Indian Preference for all positions to be filled, in accordance with the Indian Preference Civil Rights Act of 1964.</p>
Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
Ethnic Background: <i>(Please indicate ethnicity)</i>
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-binary <input type="checkbox"/> Other

INTERNSHIP INFORMATION**RLNC INTERNSHIP TITLE:****NAME OF INTERNSHIP SUPERVISOR/CONTACT:****Are you able to meet the attendance requirements of this internship?** Yes No*Students are not allowed to work during scheduled courses*

Why are you interested in this internship?

Please list your previous work experience.

If you have any, please list special training, licenses, and/or certificates

Do you require reasonable accommodation to perform the essential tasks of this internship? Yes No

If Yes, please describe:

Applicant Statement

I certify that all information I have provided is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented, will be cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representative, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand I will may be required to undergo a criminal background check, and if I receive a job offer, a pre-employment drug test. If I am hired, I understand that I am free to resign at any time, with or without cause, and the employer reserves the right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute a contract for employment for any specified period or definite duration. I understand that no representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I understand that if I am employed, my position, duties, and responsibilities, working conditions, and hours of work are subject to change at the discretion of management.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States, and that federal immigration laws require me to complete an I-9 Form.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms as stated above.

Signature of Applicant: _____

Date: _____