# North American Division

**Information Technology Services**

**Information Technology Internship Program**

### Information Technology Internship Application — Intern Applicant

Because the number of applicants accepted as Information Technology Interns each year is limited to six (6), filing of this application does not necessarily mean you will be accepted as an intern. All applications will be closely studied along with references and transcripts. Applications will remain on file for reference in the North American Division Office of Communication. Please fill in the blanks by typing or printing, and mail to:

Lois Covarrubias

Information Technology Services

North American Division of Seventh-day Adventists

12501 Old Columbia Pike

Silver Spring, MD 20904

*PLEASE TYPE OR PRINT LEGIBLY*:

Mr.

Ms. Date

(NAME — Last, First, Middle Initial)

ADDRESS:

(P. O. or Street, City, State/Province, ZIP)

PHONE: (Work): (Mobile):

E-MAIL:

## Personal Data

Place of birth Date of birth

Nationality (citizenship) If naturalized, give date (year)

Date of baptism (year) Church where you are member

(Name) (City) (State)

Health Status: Excellent Good Average

**Education year of**

Graduation

Academy/High School Graduated

(Name) (City) (State)

Baccalaureate Degree College

Major(s)

Minor(s)

Master of College/University

Major area

Doctor of University

Number of semester or quarter hours beyond last degree

**Career Preference**

Write a brief statement on why you have chosen to work in the Church and the reason for your choice of career — why you feel you are particularly suited to your chosen career:

**Extracurricular activities** (School and church) and type of leadership you gave:

**Work Experience:**

Have you received any on-the-job training? Describe:

Did you work while attending college? How much and in what capacity?

**References:** Names and addresses of three references, (not relatives) two of whom are faculty members in your major areas:

(Name) (P. O. or Street, City, State/Province, ZIP)

(Name) (P. O. or Street, City, State/Province, ZIP)

(Name) (P. O. or Street, City, State/Province, ZIP)

**Transcript:** A transcript must be supplied to the North American Division by the last college or university attended.