

**NOTICE TO ALL INTERNSHIP APPLICANTS:** The David Lawrence Center is a drug free workplace and adheres to the drug free workplace program as outlined under Florida Workers' Compensation Law. All applicants being considered for internship will be required to undergo a drug screen. Refusal to submit, or positive results of the test, will prohibit you being offered an internship.



# DAVID LAWRENCE CENTER

*Mental Health & Substance Abuse Services*

6075 Bathey Lane  
Naples, FL 34116  
Phone: 239.455.1031  
Fax: 239.455-6561

[www.davidlawrencecenter.com](http://www.davidlawrencecenter.com)

## INSTRUCTIONS

Please clearly **PRINT** the application. Answer **ALL** questions; omitting information may delay process. If question does not apply, please write N/A.

Today's Date: \_\_\_\_\_ Internship Position Applying For: \_\_\_\_\_

Education Level  Bachelors  Masters  Doctoral Area of Study: \_\_\_\_\_

## INTERN INFORMATION (Please Print)

NAME	_____	_____	_____	-	-
	Last	First	Middle	SS#	
ADDRESS:	_____	_____	_____	_____	_____
	Street	City	State	Zip Code	
PHONE	_____	_____	_____	_____	_____
	Home	Business	Cell	E-Mail (optional)	

What type of work would you like to do here? \_\_\_\_\_

Have you ever been *offered* a position at David Lawrence Center?  Yes  No  
Have you ever been *employed* by David Lawrence Center?  Yes  No

Do you have any friends or relatives employed by David Lawrence Center?  Yes  No  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

On what date are you available to begin your internship? \_\_\_\_\_  
How many hours are required? \_\_\_\_\_ Estimated date of completion: \_\_\_\_\_  
Days of the week available:  M  T  W  Th  F  S  Sn Hours per day available: \_\_\_\_\_  
Can you travel if required?  Yes  No

Do you have a current Florida driver's or chauffeur's license in good standing?  Yes  No  
Do you have an out-of-state license?  Yes  No State of issue: \_\_\_\_\_

Have you *ever* been convicted or pled Nolo Contendre (No Contest) or other plea amounting to an admission of guilt?  Yes  No  
If yes, provide a date of offense, location (County and State), type of offense, and disposition.

Have you *ever* been convicted of the violation of any law prohibiting abuse against a child, or an act of domestic violence?  Yes  No  
If yes, provide a date of offense, location (County and State), type of offense, and disposition.

**EDUCATION** (Please Print)

**COLLEGE/UNIVERSITY CURRENTLY ATTENDING:**

Name	Address
College/University Contact Name	College/University Contact Phone/E-Mail

**EDUCATION HISTORY:**

	<u>Secondary</u>	<u>College/University</u>	<u>Graduate/Professional</u>
School Name			
Years Complete	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Diploma/Degree			
Course of Study			

Describe specialized training, apprenticeship, skills, and extra-curricular activities:

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**MISCELLANEOUS**

Summarize special skills and qualifications you have acquired through previous employment or life experiences that you feel would be helpful in evaluating your qualifications:

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Please list all languages you speak, read and/or write: \_\_\_\_\_

**PERSONAL REFERENCES** (Please Print)

Please provide name, address, telephone number and relationship of at LEAST three character references who are NOT related to you, and are NOT previous employers.

<u>NAME</u>	<u>ADDRESS: CITY AND STATE</u>	<u>DAYTIME PHONE</u>	<u>RELATIONSHIP</u>

## CONDITIONS OF INTERNSHIP

PLEASE READ CAREFULLY AND INITIAL NEXT TO EACH STATEMENT

I authorize the references listed and education information to give you any and all pertinent information they may have and release all parties from any liability concerning the information released. I hereby certify that the information provided on this application is true and correct. I understand that if any false, incomplete or misleading information is given by me on this application, I will be disqualified for internship. Also, if such falsification of this application is discovered once I am serving my internship, I understand it will constitute grounds for termination of my internship.

Initial: \_\_\_\_\_

I agree to voluntarily consent to any lawfully administered drug and alcohol, fingerprinting and other related background screening required by Florida Statutes. I understand that satisfactory results from such screenings are a condition of my continued internship. I further understand that I may be requested to undergo a reasonable suspicion drug/alcohol screening and that refusal to submit or a positive test result may result in my internship being terminated.

Initial: \_\_\_\_\_

If accepted, I understand that my continued internship during this initial period depends on progressing satisfactorily in performing the expectations of the internship.

Initial: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_