



### KRC INTERNSHIP PROGRAM APPLICATION

The following information **MUST** accompany this application (applicants full name must be included in all attached file(s)):

- Cover letter indicating developmental interests and how this experience will assist in achievement of career goals
- Resume including experience related to the internship position applied for and any degrees held

Name: \_\_\_\_\_ M# (if MTU student): \_\_\_\_\_

Address: \_\_\_\_\_

Birthdate (mm/dd/yyyy): \_\_\_\_\_ Email Address: \_\_\_\_\_ Phone#: \_\_\_\_\_

Degree Program: \_\_\_\_\_ Department GPA: \_\_\_\_\_ Graduation date: \_\_\_\_\_

Applicants expected status during internship:

**MTU Undergraduate**

**MTU Postgraduate**

**Other (Incoming Student, Recent Graduate, etc.)** \_\_\_\_\_

Intern Position Requested: \_\_\_\_\_ Desired start date: \_\_\_\_\_

I certify that information given in this application and related documentation is true and complete without qualification. I understand that Michigan Technological University (MTU) may investigate my work and personal history and verify all data given on this application, on related papers and in interviews. I authorize all individuals and employers named, except as specifically limited on this application, to provide any and all information concerning my previous employment and any other lawful information requested about me, and I release them from liability for damages in providing this information. I understand and acknowledge that any misrepresentation or omission of facts by me can result in immediate discharge regardless of when discovered by MTU. I also understand and acknowledge that, if hired, MTU will determine my employment and compensation. The employment relationship will remain terminable at will, that is, my employment can be terminated with or without cause and with or without notice, at any time by MTU, unless I sign an agreement to arbitrate a contract claim relating to termination of employment. In the event I am eligible to sign an agreement to arbitrate as stated in the University Employment Policy for Professional Staff and do so, I then will be treated as a satisfaction employee following completion of a probation period. I further understand and agree that these employment terms can only be modified by the President in writing, provided that the writing specifically acknowledges that it is a modification of these terms and is signed by the President.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sponsoring Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Attach position details to application for Director approval

Director Approval: \_\_\_\_\_ Date: \_\_\_\_\_

**Return completed application to the Sponsoring Supervisor.**

**MICHIGAN TECHNOLOGICAL UNIVERSITY IS AN EQUAL OPPORTUNITY EDUCATIONAL INSTITUTION/AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER.**  
(Under the Michigan Handicappers' Civil Rights Act any handicapper who needs an accommodation must notify the employer in writing of the need for accommodation within 182 days after the date the handicapper knew, or reasonably should have known, that an accommodation was needed. However, this does not waive an individual's rights under the Americans with Disabilities Act of 1990, as amended, which imposes no time period.)