

# SeaBrook Dental Laboratory Intern Application

<b>Applicant Information</b>			
Last Name	First	Date	
Street Address			Apt/Unit
City	State	Zip	
Phone	Cell Phone		
Email address:			
Have you ever been convicted of a felony?		If yes please explain:	
<input type="checkbox"/> Yes <input type="checkbox"/> No			
How did you hear about our internship program?			

<b>Availability</b>							
Please check semesters of availability:							
<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Other, please explain: _____							
Please check your general availability		Monday	Tuesday	Wednesday	Thursday	Friday	
Morning (approx. 9-1)							
Afternoon (approx. 1-5)							

<b>Areas of Interest</b>				
Please indicate which area interests you:				
<input type="checkbox"/> Model Room	<input type="checkbox"/> Crown & Bridge	<input type="checkbox"/> Nightguards	<input type="checkbox"/> Dentures & Partials	<input type="checkbox"/> Implants
<input type="checkbox"/> Waxing				

<b>Experience/Education and Skills</b>	
Current employment status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Not Employed	
Current or most recent paid position held	
Are you currently a full-time student? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please indicate school and concentration:
Level <input type="checkbox"/> Freshmen <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate student	Areas of study:
Do you speak any other languages? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list language <input type="checkbox"/> Fluent <input type="checkbox"/> Semi-Fluent <input type="checkbox"/> Basic
Computer Skills/Software Used:	

<b>Personal Information</b>
Why are you interested in an internship at SeaBrook Dental Laboratory?
What specific experience would you like to gain through this internship?
Describe your long-term career goals:

<b>Professional References</b>	
Name	Relationship and contact info (e-mail and/or phone number)

<b>Disclaimer and Signature</b>	
I certify that my answers are true and complete to the best of my knowledge. If this application leads to an internship assignment, I understand that false or misleading information in my application may result in my release.	
Signature:	Date: