

Name _____
FIRST, MIDDLE, LAST

Current Address

Current Phone No. _____
STREET () - CITY Cell Phone No. STATE ZIP () -

Permanent Address
(if different from
above)

Permanent Phone No. _____
STREET () - CITY STATE ZIP

Email
Address:

If you are known by any other name, please give name. _____

If you are under 18, can you furnish a work permit? YES NO

If no, please explain:

If hired, can you prove you are eligible for employment in the USA? YES NO

If no, please explain:

Which Internship are you interested in? Fall Spring Summer

Dates of Availability From _____ To _____

Fall/Spring Availability Days of the week (please circle): Mon Tue Wed Thurs Fri

Time each day:

**If applying for Fall/Spring Internship please attach school requirements to receive academic credit.*

Have you ever applied for an internship or employment with the Venter Institute or The Institute for Genomic Research before? YES NO

If yes, when and for what position?

How were you referred to this organization?

Are you currently receiving a stipend or compensation from your sponsoring institution? YES NO

If yes, how much us the stipend?

Education					
Copies of your current transcripts must accompany this application.					
	Name, City & State	Major Field of Study	Did You Graduate? yes no		Specify Diploma, Degree, or Certificate Received
High School or G.E.D.			<input type="checkbox"/>	<input type="checkbox"/>	
College or University*			<input type="checkbox"/>	<input type="checkbox"/>	
Post Graduate Study*			<input type="checkbox"/>	<input type="checkbox"/>	

	Relevant Coursework	Current Enrollment Status (Jr., Sr., Recent Grad.)	Specify Diploma, Degree, or Certificate Received
High School			
College or University*			
Post Graduate Study*			

UNITED STATES ARMED FORCES.	BRANCH:	RANK:
If you served in the US Armed Forces, please describe any job-related training you received or skills you obtained.		

Goals and Objectives	
Please indicate no more than 5 areas of research or administration you are interested in.	
Research	
<input type="checkbox"/> Human Genomic Medicine	<input type="checkbox"/> Microbial Genomics
<input type="checkbox"/> Synthetic Biology	<input type="checkbox"/> Mammalian Genomics
<input type="checkbox"/> Environmental Genomics	<input type="checkbox"/> Parasite Genomics
<input type="checkbox"/> Biological Energy	<input type="checkbox"/> Plant Genomics
<input type="checkbox"/> Joint Technology Center	<input type="checkbox"/> Bioinformatics
<input type="checkbox"/> Policy	<input type="checkbox"/> Viral Genomics
<input type="checkbox"/> Education	<input type="checkbox"/> Pathogen Functional Genomics Resource Center
<input type="checkbox"/> EHS	<input type="checkbox"/> Closure (Genome Finishing)
Administration	
<input type="checkbox"/> IT	<input type="checkbox"/> Communications
<input type="checkbox"/> Human Resources	<input type="checkbox"/> Finance
<input type="checkbox"/> Accounting	<input type="checkbox"/> Legal

Please write an essay that addresses the areas below. The response should be typed, double-spaced and no more than four pages.
a) What interests you in science (or specialized area) and why?
b) How does the Internship support your interest and professional goals?
c) What strengths would you bring to the Internship?
d) Let us know something about yourself that we might not learn from the rest of this application.
e) (LAW STUDENTS ONLY) Please provide a list of classes taken in Intellectual Property and describe how you would like to apply/integrate this knowledge while participating in the Internship/Internship Program.

Employment History

Complete the Following Sections, Also Attach A Résumé or CV for Additional Detail

INSTRUCTIONS: Please complete this section, beginning with your current or most recent position. By giving the names of your employers, we have your permission to contact them; however, we will not contact your present employer without first advising you of our intent to do so. If you need more space, or have additional employers, please attach a separate sheet of paper.

CURRENT OR MOST RECENT EMPLOYER Name	DATES OF EMPLOYMENT From: To:	SALARY Start: \$ Position:
Street City, State, Zip	TELEPHONE NUMBER () - -	SALARY Current or Final: \$ Position:
NAME AND TITLE OF CURRENT OR FINAL SUPERVISOR		
REASON FOR LEAVING		
SUMMARY OF JOB RESPONSIBILITIES		

EMPLOYER Name	DATES OF EMPLOYMENT From: To:	SALARY Start: \$ Position:
Street City, State, Zip	TELEPHONE NUMBER () - -	SALARY Final: \$ Position:
NAME AND TITLE OF FINAL SUPERVISOR		
REASON FOR LEAVING		
SUMMARY OF JOB RESPONSIBILITIES		

EMPLOYER Name	DATES OF EMPLOYMENT From: To:	SALARY Start: \$ Position:
Street City, State, Zip	TELEPHONE NUMBER () - -	SALARY Final: \$ Position:
NAME AND TITLE OF FINAL SUPERVISOR		
REASON FOR LEAVING		
SUMMARY OF JOB RESPONSIBILITIES		

Additional Data
Describe any special skills you possess that may be relevant to this organization.

If appropriate to the position for which you are applying, please complete the following:
Personal computers operated
Software used
Other equipment operated

Have you been convicted of a felony, or released from prison, within the last seven years? A "yes" answer does not automatically disqualify you from further consideration, since the nature of the offense, date, and type of job for which you are applying will be considered.
<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please explain:

Do you know of any reason which would prevent you from satisfactorily performing the essential functions of the internship for which you are applying? (If undecided, you may wait until the duties and responsibilities have been explained to you.)
<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please describe restrictions or limitations:

If the job requires, are you willing to travel, including overnight travel?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If the job requires, are you willing to work overtime?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

References			
(If you have no or limited work-related references, provide below the information requested for three persons not related to you whom you have known for at least one year.)			
NAME AND TELEPHONE NUMBER	OCCUPATION	RELATIONSHIP	YEARS KNOWN
1			
2			
3			

Please provide any additional information which you feel may be helpful to us in considering your application:

AUTHORIZATIONS

I certify that the statements made in this application are true and complete to the best of my knowledge. I understand that falsification or misrepresentation of information may result in the denial of employment or, if employed, immediate termination.

I authorize investigation of all statements contained herein. I understand that this organization will not contact my current employer without first advising me of its intent to do so. I authorize the references, educational institutions, employers, and other organizations listed above to give this organization any and all information concerning my educational background, current and/or previous employment, and any other pertinent information they may have, personal or otherwise. I release this organization, and all individuals, educational institutions, employers, and other organizations involved in the consideration of this employment application from all liability for any damage that may result from utilization of this information.

I understand and agree that no representative of this organization has authority to enter into any employment agreement unless it is in writing and signed by an officer of organization. I also understand that if I accept an offer of employment, I am required to provide acceptable documentation of my identity and eligibility for employment in the United States as required by the Immigration Reform and Control Act.

I understand that my employment is for no fixed period of time and may be terminated by me, or by this organization, at any time, for any reason, with or without notice. I further understand that this organization is an employment-at-will employer.

Signed _____

Date _____

It is the policy of this organization to consider all applicants equally without regard to race, national origin or ancestry, color, religion, creed, sex, age, marital status, presence of children, pregnancy, sexual orientation, genetic status, mental or physical handicap, status as a Vietnam Era or special disabled veteran, or status as a qualified disabled individual, and in accordance with all applicable laws, except where sex is a bona fide occupational requirement, or where disability status is a bona fide occupational disqualification or any other legally protected status.

ATTENTION APPLICANTS

The Employee Polygraph Protection Act generally prohibits most private employers from requiring or requesting lie detector or similar tests either for pre-employment screening or during the course of employment; and from discharging, disciplining, or discriminating against an employee or applicant for refusing to take a test or for exercising his/her rights under the Act.

MARYLAND APPLICANTS ONLY: UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.

CALIFORNIA APPLICANTS ONLY: I understand that a private employer in California may not demand or require any employee or applicant to submit to or take a polygraph, lie detector, or similar test or examination as a condition of employment or continued employment. Labor Code section 432.2. An employer may not ask any person to take such a test or administer such a test without first advising the subject in writing at the time the test is to be administered of the rights guaranteed by that statutory section. A violation of Labor Code 432.2 is a misdemeanor.

Signature _____

Date _____

2008 Internship Application
Approval of Parent or Guardian

If an applicant for the Internship/Internship Program has not reached his/her 18th birthday as of the date this application is signed, the signature of a parent or legal guardian, indicating permission for the applicant to apply to the Internship/Internship Program, is required.

Signed _____

Date _____

Printed Name _____

Relationship
to Applicant _____