

Unpaid Internship and Volunteer Application

People Inc. exists so that people with disabling conditions or other special needs have the supports they need to participate and succeed in an accepting society.

People Inc. is an equal opportunity employer that values diversity, equity and inclusion. Qualified applicants are considered for all positions without regard to race, color, sex, national origin, religion, age, disability, genetic information, sexual orientation, marital status, military or veteran status (except where bona fide occupational qualifications apply).

Full Legal Name:			
Address:			
City:	State:	Zip Code:	
Phone:	: Email Address:		
Are you 18 years of age or o	lder? □ Yes □ No		
If you are related to, or know	w any People Inc. employees, please list their	name(s):	
- 1-6			
Personal References			
List two personal references	that are not relatives.		
Name:	Relationship:		_
Phone:	Address:		_
Name:	Relationship:		_
Phone:	Address:		

Employment History

List complete employment history for the past 7 years. Begin with the most recent employment history and list employers in chronological order.

Name of employer:	Address:
Phone number:	Job title:
Start date:	End date (leave blank if still employed):
Reason for leaving:	Supervisor:
Name of employer:	Address:
Phone number:	Job title:
Start date:	End date (leave blank if still employed):
Reason for leaving:	Supervisor:
Name of employer:	Address:
Phone number:	
Start date:	End date (leave blank if still employed):
Reason for leaving:	Supervisor:
with or without notice, at any time, at the option of either People the President and CEO has any authority to make an agreement specific period of time. I acknowledge and understand that in accrequired to submit a sample for chemical or other form(s) of and or rule out the presence of nonprescription or prohibited control attempts to adulterate or substitute the sample, and/or a position my application for an internship or volunteer position. I understables testing and that my refusal to execute a consent and release application. I also agree to undergo any physical examination and internship or volunteer position. I authorize People Inc. to verify references I have including employers. In doing so I release People information. I affirm that I have read this completed application, that the information I have furnished is true and correct. I understand for rejection of application or for immediate dismissal, repplication form is intended for use in evaluating your qualificate contract. Completion of this application is in no way a guaranteed.	d understand that my internship or volunteer position can be terminated, the Inc. or myself. I understand that no representative of People Inc. except contrary to the foregoing or enter into agreement of employment for any cordance with People Inc.'s substance abuse testing policy I will be alysis. I further understand that the purpose of this analysis is to determine the substances in my system. I understand that refusal to take this test, we drug test that is in violation of People Inc.'s policy will result in denial of and that I will be required to execute a consent and release for substance as for substance abuse testing will result in People Inc. denying my and/or lab work if requested by People Inc. during the course of my any information I have furnished in this application and to contact any alle Inc. and employer on reference from any liability in release of this and have not withheld any information or response to any questions, and stand that discovery of any misrepresentation or omission of facts can be regardless of when such misrepresentation or omission is discovered. This is inost an internship or volunteer position. This is not an employment are of an interview or an offer of a position. False or misleading statements the application process, or if discovered after, terminating the internship
Signature:	Date: