



Internship/Practicum Form

Name (first, m, last): _____ Date of Birth: _____
Alias/Maiden Name(s): _____
Address: _____
Phone: _____ Place of Birth: _____
DL Number: _____ State issued: _____
Languages spoken: _____ SS# _____
Email Address: _____
School Attending: _____
Advisor at school: _____ Phone of Advisor: _____
Semester/Year: _____
Do you plan to stay in Tulsa area after graduation? No___ Yes___
If yes, are you looking at GCC to be your future employer? No___ Yes___
This does not affect your application but is used with background check:
Race: _____ Sex: (what you were born with not what you identify as) _____

Previous Work History:

Company: _____
Address: _____
Phone: _____ Job Title: _____
Supervisor Name: _____ Ext: _____
Can we contact them: _____ Dates: _____

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Phone: _____ Job Title: _____
Supervisor Name: _____ Ext: _____
Can we contact them: _____ Dates: _____

Company: _____
Address: _____
Phone: _____ Job Title: _____
Supervisor Name: _____ Ext: _____
Can we contact them: _____ Dates: _____

Previous Paid/Unpaid Counseling Experience:

Company: _____
Address: _____
Phone: _____ Job Title: _____
Supervisor Name: _____ Ext: _____
Can we contact them: _____ Dates: _____



References:

Name: _____
Address: _____
Phone Number: _____
Dates known: _____
How do you know them?

Why are you having them as a reference?

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Internal Use Only:

Interview Date: _____ Interviewer: _____
Notes: _____

