



FIU INTERN Application-Applicant Form (A)

Applicant Instructions: Please complete all fields in this application, attach a copy of your University School ID card, and submit to Supervisor or HR Liaison only.

1. Personal Information *(Please write legibly)*

First and Last Name: _____

Date of Birth (MM/DD/YYYY): _____

Country of Birth: _____

Note: FIU requires an Intern to be associated to a University as a current or recently graduated degree seeking college student.

Panther ID# (If applicable): _____

Cell Phone#: _____ Email address: _____

Mailing Address: _____

Do you have a relationship to a current FIU employee? ☐ Yes ☐ No. If yes, provide name(s), Panther ID#, relationship, and department: _____

Assignment classified as:

☐ Internship (training/learning *prior* to graduation) ☐ Practicum (training/learning *after* graduation)

Department Contact Person's Name: _____

2. Education *(current)*

☐ College (Undergraduate) ☐ Graduate School ☐ College Graduate (Year: _____)

3. Emergency Contact

First and Last Name: _____ Relationship: _____

Cell Phone#: _____ Email address: _____

Mailing Address: _____

By signing this intern application, I give permission to contact the person listed in the event of an emergency.

ACKNOWLEDGEMENTS

I am freely and voluntarily offering my services to Florida International University for Internship experience.

I will not receive any monetary or material compensation for performing this service. The University has the right to terminate my intern services at any time. In performing said service, I am an independent, unpaid intern not subject to any provisions of law relating to state employment, to any collective bargaining agreement between the State and any employees' association or union, nor to any laws relating to hours of work, rates of compensation, leave time, and employee benefits; and in the event of my termination, I am not entitled to receive unemployment compensation. I understand that while I am performing the intern services, and acting within the scope of my specific assigned duties, I will be covered by the State of Florida workers' compensation policy and the State liability protection, as appropriate. As an intern, I agree to comply with all Florida International University policies, and the requirements of its governing board, and all applicable state and federal statutes, rules and regulations, and to fulfill my intern responsibilities to the best of my ability. I confirm, that the information provided herein and on any attachments is true, accurate, complete, and made in good faith, and I agree to abide by FIU's rules and regulations while in its employment.

Signature: _____ Date: _____