

## Summer Internship Application

**Application Deadline: May 8, 2020**

Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_  
*Last* *First* *Middle*

Address: \_\_\_\_\_  
*Number/Street* *City* *State* *Zip Code*

Telephone/Email: \_\_\_\_\_  
*Home phone* *Cell phone* *Email*

Name of College/University \_\_\_\_\_

Address of College/University \_\_\_\_\_

Name of Program or Major \_\_\_\_\_

**PLEASE READ THE FOLLOWING APPLICANT STATEMENT CAREFULLY**

I certify that the information provided on this application (and any accompanying resume) is true and complete to the best of my knowledge. I agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

If I am hired, I understand that my employment is at will. I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. The application does not constitute an agreement or contract for employment for a specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the forgoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete and I-9 Form in this regard.

I understand that UKRFCU may run a criminal history background check prior to and during my employment. I also understand that a criminal record does not constitute an automatic bar to employment and will be considered only as it substantially relates to the job in question.

I understand that UKRFCU strives to provide a safe, efficient, and productive work environment for its employees; therefore, applicants and current employees may be asked to provide body substance samples (such as blood/urine) to determine illegal use of drugs or alcohol.

**DO NOT SUBMIT UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT**

I certify that I have read, fully understand and accept all the terms of the foregoing Applicant Statement.

My signature to this Application for Employment, whether provided digitally by typing my full name, or by my signature, certifies that the information I have provided is true and complete. I hereby authorize UKRFCU to obtain information regarding my driving, educational and criminal records by reading and agreeing to the disclosure statements herein.

I understand that I may be required to provide a written report based on my experiences at the completion of my internship. I further understand that I will be provided with a written review and evaluation of my performance and experience which may be provided to my School/University.

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*Signature of Applicant*

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*Date*