

# INTERN APPLICATION



Name of Intern \_\_\_\_\_

Type of Internship:  
(please check)

Administrative     Guidance     Social Work     Psychologist     Other

MCS School Requested \_\_\_\_\_

Sending Institution \_\_\_\_\_

Muncie Community Schools' Supervisor \_\_\_\_\_

### Checklist of Items Needed:

- Expectations of the program
- Criminal background check on file
- Duration of the internship (Exact starting and ending dates)
- Weekly/daily schedule of participation activities

\_\_\_\_\_  
Signature of Building Principal/Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Chief Academic Officer

\_\_\_\_\_  
Date

A copy of this form will be filed with the Chief Academic Officer, the appropriate program director, and the building principal. The original will be returned to the applicant.

# Request for Adult Criminal History Information

Please print all information.

**SUBJECT of Request:**

NAME (Last Name, First Name, MI): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

**Any false or misleading information that you provide shall be grounds for termination of employment with Muncie Community Schools.**

Your signature below constitutes an understanding that Muncie Community Schools may check your criminal history records under IC 5-2-5-5 because you have applied for employment.

**PLEASE NOTE: This information will be kept separate from your application materials until such time that you will be recommended for employment with Muncie Community Schools.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date