

Attach a recent photograph

WLBL-SALCC Internship Programme
Appendix II

INTERNSHIP APPLICATION FORM
(To be completed by the applicant)

INSTRUCTIONS: Please complete this form by filling all sections. Incomplete forms will NOT be considered.

Applicant Information			
Last Name:	First Name:	Date:	
Home Address:			
Contact Information:			
Phone #:		Phone #:	
Email address:			
How did you hear about this internship programme?			
Area of Interest			
Please indicate your area interest: (Select ONE area only)			
<input type="checkbox"/> Accounting –NBL	<input type="checkbox"/> Brewing Operator	<input type="checkbox"/> Logistics Administrative Clerk	<input type="checkbox"/> Mechanic Technician
<input type="checkbox"/> Quality Analyst	<input type="checkbox"/> Receptionist	<input type="checkbox"/> Process Improvement Technician	<input type="checkbox"/> Electrical Technician
<input type="checkbox"/> Lab Technician	<input type="checkbox"/> Marketing Assistant	<input type="checkbox"/> Trade Marketing Assistant	<input type="checkbox"/> Electronics Technician
<input type="checkbox"/> TPM Improvement Technician	<input type="checkbox"/> Sales Market Researcher		
Employment History			
Employer	Position Held	Start Date	End Date

Educational Background			
Indicate your Programme of study at SALCC:			
Level <input type="checkbox"/> Year 1 <input type="checkbox"/> Year 2		:	
Do you speak any other languages? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please list the languages: 1. _____ 2. _____	
Computer Skills: Please list any computer applications that you are competent in using” 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____			
Personal Information			
Why are you interested in an internship in at WLBL?			
What specific experience would you like to gain through this internship?			
Describe your long-term career goals:			
Please indicate any other employment or education information about yourself			

References		
Provide the names and contact information of two (2) persons who will serve as your references. Please that you should not include the names of your relatives.		
Name of Referee	Contact Information	
	Telephone #	E-mail address
Disclaimer and Signature		
I certify that to the best of my knowledge, that the information that I have provided is accurate and complete. If this application leads to an internship assignment, I understand that false or misleading information in my application may result in the offer of an internship assignment being withdrawn.		
Applicant's Signature: _____		Date: _____
Guardian's Name and Signature if Applicant is under 18 years		
Guardian's Name: _____		Date: _____
Guardian's Signature: _____		