

PSYCHOLOGY INTERNSHIP APPLICATION Arlington Public Schools 2110 Washington Blvd. Arlington, VA 22204

TO BE COMPLETED BY APPLICANT (Please Print Clearly):				
NAME.				
NAME: MsMrsMr.		FIRST	MIDDLE	
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ADDRESS:				
Street				
City	S	tate	Zip	
TELEDUONE.				
TELEPHONE.				
EMAIL:				
Current College/University:				
Advisor Name:				
Advisor Fmail:	Phone:			
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	-	ip may include experien		
	erences are not guarant	eed as decisions are bas	sed on supervisor	
availability.) Preschool	Elementary	Middle School	High School	
Freschool	Liementary	Wildule School	Trigit School	
Potential Conflicts (e.g. relatives in APS schools):				
Please list any foreign languages in which you are <u>fluent</u> :				

Do you have reliable access to a personal vehicle	.?	Yes No
PERSONAL DATA:		
Have you ever been convicted of any off sexual molestation, physical or sexual a child?	•	Yes No
Have you ever been convicted of anythir traffic violation? (If yes, provide a detailed explanation on		Yes No
Please list your states of residence over background check in each of those state		S requires a
I certify that the information herein is a true and professional knowledge.	complete statement to my	personal and
Signature of Applicant	 Date	