

Internship Application

APPLICANT INFORMATION							
Last Name		First Name		Birth Date			
Street Address			Apartment/Unit #				
City		State KS		ZIP			
Phone		E-mail Address					
University Affiliation							
Academic Level							
Credit Hours Earned		Grade Point Average					
Internship Period Desired (mark one with "X")		Spring	Fall				
BEEF CATTLE EXPERIENCE/ACTIVITY							
Please list your three most influential experiences/activities (preferably related to, but not limited to, the livestock industry)							
Experience/Activity							
From (mo/yr)	To (mo/yr)		Name of Supervisor/Instructor/Leader				
Brief Description (limit to 100 words)							
Experience/Activity							
From (mo/yr)	To (mo/yr)		Name of Supervisor/Instru	ame of Supervisor/Instructor/Leader			
Brief Description (limit to 100 words)							
Experience/Activity							
From (mo/yr)	To (mo/yr) Na		lame of Supervisor/Instructor/Leader				
Brief Description (limit to 100 words)							

REFERENCES						
Please list two professional references (preferably college professors or livestock industry persons who know you well)						
Full Name		Relationship				
University/Company		Phone				
Address						
Email						
Full Name		Relationship				
University/Company			Phone			
Address						
Email						
Do you desire to receive college credit for this internship? Yes No						
If yes, how many hours of internship credit do you need?						
You will be responsible for the payment of any tuition or fees to your University for desired internship credit.						
You will also be responsible for communicating what paperwork and/or communication Blackbelt Cattle Marketing will need to provide to						
your internship coordinator for your internship hours.						
MOST RECENT EMPLOYMENT						
Please list your last two employers. May duplicate information in Experience/Activity or References section above.						
Company		Job Title				
Address						
From (mo/yr)	To (mo/yr)		Name of Supervisor			
May we contact your previous supervisor for a reference? (mark one with "X")	YES		NO			
Phone		Email				
Company		Job Title				
Address						
From (mo/yr) To (mo/yr)			Name of Supervisor			
May we contact your previous supervisor for a reference? (mark one with "X")	YES		NO			
Phone		Email				

PERSONAL STATEMENT					
What are your career goals and how will this internship assist you in achieving those goals? (limit to 500 words)					
DISCLAIMER AND CERTIFICATION					
If this application leads to my selection, I understand that false or misleading information in my application or interview may nullify my eligibility or result in my release.					
I certify that my answers are true and complete to the best of my knowledge (mark an "X" here to certify):					
Name	Date				