



Corporate Location: 1475 Strickler Rd
 Mount Joy, PA 17552
 Phone: 1-800-222-3373
 Fax: 717-367-6662

Other Locations:
 Abbottstown
 Bendersville
 Carlisle
 Halifax

Messick's Service Department Co-op & Work Experience Application

Date: ___/___/_____

Thank you for applying to Messick's Service Department Co-op & Work Experience Program. To accommodate variances in school programs and schedules, applications will be received year-round. The deadline to apply and be considered for co-op and work experience during the current school year is February 1. Any application received after February 1 will be considered for co-op and work experience beginning in the next school year. Completed applications should be mailed to our corporate location or emailed to internships@messicks.com. Applications will be reviewed, and those chosen to continue in the process will be scheduled for interviews.

APPLICANT INFORMATION										
Last Name			First Name				M.I.			
Street Address						Apartment/Unit #				
City		State			ZIP Code					
Date of Birth		Primary Phone #			Home <input type="checkbox"/>		Cell <input type="checkbox"/>			
Email Address										
Are you a U.S. citizen?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	If no, are you authorized to work in the U.S.?			Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Have you ever been employed by us before?				Yes <input type="checkbox"/>	No <input type="checkbox"/>					
If yes, when and what position?										
EDUCATION										
Are you currently enrolled in a high school or technical high school?						Yes <input type="checkbox"/>	No <input type="checkbox"/>			
What grade will you be entering?										
Name of school										
Street Address										
City		State			ZIP Code					
Phone #										
REFERENCES										
<i>Please list 2 references. 1 must be your current or past teacher. The other should be someone you do not live with.</i>										
Teacher Reference		Full name								
Specialty Taught										
Phone #		Work <input type="checkbox"/>			Home <input type="checkbox"/>	Cell <input type="checkbox"/>				
Email Address										
Second Reference		Full name								
Relationship										
Phone #		Work <input type="checkbox"/>			Home <input type="checkbox"/>	Cell <input type="checkbox"/>				
Email Address										

SPECIAL SKILLS & ORGANIZATIONS

Please list any special skills or training you may have (mechanical aptitude, training in Microsoft applications, etc.).

Please list any organizations or community service activities you are involved in.

CAREER PLANS / FUTURE GOALS

What are your plans after high school?

OTHER

Who is your school's contact for co-op and work experience?

Full name			
Phone #		Work <input type="checkbox"/>	Home <input type="checkbox"/>
Email Address		Cell <input type="checkbox"/>	

What is your anticipated co-op schedule? (Full or half days, AM or PM, every day or every other, etc.)

What date are you available to start?		
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How did you hear about Messick's Co-op & Work Experience Program?

Web Search <input type="checkbox"/>	Word of Mouth <input type="checkbox"/>	Career Fair/Community Event <input type="checkbox"/>	
Other (please specify)			

DISCLAIMER AND SIGNATURE

I certify that the information provided on this form is correct.

If this application leads to acceptance into the Messick's Service Department Co-op & Work Experience Program, I understand that false or misleading information in my application or interview may result in my termination from the program.

Signature		Date	
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