



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

Other Locations:  
 Abbottstown  
 Bendersville  
 Carlisle  
 Halifax

**Service Department**

Date: \_\_\_/\_\_\_/\_\_\_\_\_

**Summer Internship Application**

Thank you for applying to Messick's Service Department Summer Internship Program. Applications will be received from March 1 to April 15 each year. Completed applications should be mailed to our corporate location or emailed to internships@messicks.com. After all applications have been reviewed, those chosen to continue in the process will be scheduled for interviews in the end of April and beginning of May. All final decisions on acceptance into the program will be made no later than May 15.

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?										
Are you currently enrolled in a technical school or college?						Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Expected graduation date										
Name of school or college										
Street Address										
City			State		ZIP Code					
Phone #										
REFERENCES										
<i>Please list 2 references. 1 must be your current or past teacher or professor. The other should be someone you do not live with.</i>										
<b>Teacher/Professor</b>		Full name								
Specialty Taught										
Phone #		Work <input type="checkbox"/>	Home <input type="checkbox"/>	Cell <input type="checkbox"/>						
Email Address										
<b>Second Reference</b>		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.


**OTHER**

Are you available to intern 7:30 a.m.-4 p.m.? Yes  No

What date are you available to start?

How did you hear about Messick's Summer Internship Program?

Web Search  Word of Mouth  Career Fair/Community Event

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 Service Department Summer Internship 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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