



Student Internship Application Form  
 Olbrich Botanical Gardens  
 3330 Atwood Ave., Madison, WI 53704

GENERAL INFORMATION				
APPLICATION FOR POSITION OF:			DATE	
LAST NAME	FIRST NAME		MIDDLE INITIAL	
ADDRESS - (Number, street, city, state, zip code)				
PREFERRED PHONE NUMBER			ALTERNATE PHONE NUMBER	
E-MAIL ADDRESS			ARE YOU AUTHORIZED TO WORK IN THE UNITED STATES? <div style="text-align: center; margin-top: 5px;"> <input type="checkbox"/> YES                      <input type="checkbox"/> NO         </div>	
AVAILABILITY				
Available start date: _____ Available end date: _____				
Number of hours per week preferred:      40 hours/week      20 hours/week      other _____				
ESSENTIAL FUNCTIONS (Essential functions are listed in the specific position description)				
Can you perform the essential functions listed in the position description being applied for?  <div style="margin-left: 20px;"> <input type="checkbox"/> YES      <input type="checkbox"/> NO (If no, please explain below.)         </div>				
EDUCATION				
	Name and location of school	Number of years attended	Enrolled or graduated	Primary subject studied or major
High School				
Post-Secondary				
Please describe any study areas, research areas, or special interests that relate to this internship position.				
REFERENCES – List three references				
Name / Relationship	Address		Phone Number	
1.				
2.				
3.				

**EMPLOYMENT HISTORY - Start with your present or most recent position and list your last three employers**

Position Held	Name of Employer	Supervisor's Name and Title
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Employer's Address (Number, street, city, state, zip code)	Phone Number
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Dates Employed: From (Month/Day/Year) To (Month/Day/Year)	Reason for Leaving
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Describe the Work Performed
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Position Held	Name of Employer	Supervisor's Name and Title
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Employer's Address (Number, street, city, state, zip code)	Phone Number
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Dates Employed: From (Month/Day/Year) To (Month/Day/Year)	Reason for Leaving
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Describe the Work Performed
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Position Held	Name of Employer	Supervisor's Name and Title
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Employer's Address (Number, street, city, state, zip code)	Phone Number
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Dates Employed: From (Month/Day/Year) To (Month/Day/Year)	Reason for Leaving
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Describe the Work Performed
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**\*Please include official or unofficial transcripts of post-secondary education and a resume with application\***

Olbrich Botanical Society (OBS) is an equal opportunity employer. OBS does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service. I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for OBS to hire me. If I am hired, I understand that either OBS or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of OBS has the authority to make any assurance to the contrary. I attest with my signature below that I have given to OBS true and complete information on this application. No requested information has been concealed. I authorize OBS to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_