



Turner Pest Control Internship Application

Please complete this form, obtain the necessary signatures, and email to HR@turnerpest.com

Student Information

Today's Date: _____

Name: _____

Address (during internship): _____

City: _____ State: _____ Zip: _____

College/University Name: _____

Phone: _____ Campus Phone: _____ Campus Box #: _____

Email: _____ Major: _____ Minor: _____

Date of Graduation: _____ Academic Advisor: _____ GPA: _____

Home Address: _____

Internship Information

Will you be seeking academic credit for this internship experience? _____

Why are you interested in an internship at Turner Pest Control? _____

Briefly describe your related volunteer and/or work experiences: _____

What applicable skills would you bring to this internship: _____

What days and times during the week are you available?



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Internship Project Proposal (To be completed by the student and faculty supervisor)

Internship Proposal (General Description of Internship):

List 2 Academic Goals / Learning Objectives (Things you hope to achieve or learn):

Portfolio / Projects Assignments (Include attachment of portfolio requirements if applicable):

Approval

Name of Student (Please Print): _____

Signature of Student: _____ Date: _____

Name of Facility Supervisor (Please Print): _____

Signature of Facility Supervisor: _____ Date: _____

**** You must turn in all the required paperwork to the Turner Human Resources department on or before the deadline provided for this semester. Paperwork includes: application and resume.****