



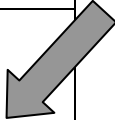
INTERNSHIP APPLICATION

Amelia Island Plantation is an equal opportunity employer that selects the best qualified applicants for internships based on related qualifications, without regard to applicant's race, color, religion, national origin, sex, age, marital status, disability and veteran status. No question on this application is intended to secure information to be used for discrimination. Replies to all questions will be held in strictest confidence. If your answers or statements require additional space, you may include additional sheets with your signature at the bottom.

Instructions: Each section must be completed. Enter "N/A" in the event information requested is not applicable. A signature and date must be added at the end of this document. This application is for internships. Those seeking employment now or after their internship must fill out an Employment Application.

Personal Information

Last Name	First Name	Initial	School:
E-mail address:	Phone: School: Home: Cell:	Social Security #:	
Current Address: Street & Apt. #	City	State:	Zip:
Permanent Address: Street & Apt. #	City	State:	Zip:
How did you find out about us? <input type="checkbox"/> School Files <input type="checkbox"/> School Web Site <input type="checkbox"/> Advisor/Professor Publication: _____ Internship Web Site: <input type="checkbox"/> rsinternships.com <input type="checkbox"/> recNparks.com <input type="checkbox"/> InternJobs.com <input type="checkbox"/> ResortJobs.com <input type="checkbox"/> USGolfJobs.com <input type="checkbox"/> tennisexpress.com <input type="checkbox"/> thegolfclassifieds.com <input type="checkbox"/> USinterns.com <input type="checkbox"/> jobsonline.com Other: _____ Conference/Job Fair: _____ Former Intern: (name) _____ Other: _____			
When do you need an internship? Term: _____ Year: _____ Start Date: (m/d/yy): _____ End Date: (m/d/yy): _____			
Indicate the type of internship desired for which you have qualifications: 1st Choice: _____ 2nd: Choice: _____ 3rd Choice: _____			
Will this internship be for school credit? (It must be required by your school): <input type="checkbox"/> Yes <input type="checkbox"/> No			
Can you be scheduled: <input type="checkbox"/> Saturdays <input type="checkbox"/> Sundays <input type="checkbox"/> Weekdays <input type="checkbox"/> Evenings <input type="checkbox"/> Holidays <input type="checkbox"/> Days <input type="checkbox"/> Nights			



Age (only if under 18): _____ **Do you have a valid driver's license?** Yes No

Have you ever been convicted of, or pled guilty, no contest or *nolo contendere* to a crime, excluding minor traffic offenses? Yes No

If yes, give dates and details: (Conviction does not automatically exclude you from consideration for an internship. You will be given the opportunity to explain.)

Do you have any criminal charges pending? Yes No
If you answered yes, please provide date and details:

Driving and a good driving record may be a requirement of the internship for which you are applying. Please list traffic violations for the past seven years, including month/year and miles over if a speeding violation:

In the event of an emergency, contact:

Name: _____ Relationship: _____ Telephone: _____

Has Amelia Island Plantation ever employed you? Yes No If so, please list dates:

Education

Highest year of college completed: freshman sophomore junior senior

Name of School	Grad. Date	Degree	Major & Minor	GPA:

Skills

Skill	Yes	No	Level of Proficiency	Yrs. Exp.
Microsoft Word	<input type="checkbox"/>	<input type="checkbox"/>		
Microsoft Excel	<input type="checkbox"/>	<input type="checkbox"/>		
Typing	<input type="checkbox"/>	<input type="checkbox"/>		
Other:	<input type="checkbox"/>	<input type="checkbox"/>		

Experience (paid or unpaid)

Date:	Company/Organization	Supervisor	Job
From:	City/State:	Name:	Compensation:
To:		Phone #	Reason for Leaving:
Title/Duties:			
From:	City/State:	Name:	Compensation:
To:		Phone #	Reason for Leaving:
Title/Duties:			
From:	City/State:	Name:	Compensation:
To:		Phone #	Reason for Leaving:
Title/Duties:			
From:	City/State:	Name:	Compensation:
To:		Phone #	Reason for Leaving:
Title/Duties:			
From:	City/State:	Name:	Compensation:
To:		Phone #	Reason for Leaving:
Title/Duties:			
From:	City/State:	Name:	Compensation:
To:		Phone #	Reason for Leaving:
Title/Duties:			

Are you able to perform all the duties of the internship for which you are applying? yes no

If you are unable to perform all of the duties of the internship and the reason is because of a disability, are there modifications to the position which would enable you to perform all the essential functions? yes no

If so, please explain:

References (4 including Advisor)			
Name	Phone #	Occupation	Years Known
Certification/Licenses			
Current Certifications	Organization/Company		Valid Through
First Aid			
CPR			
Life Guarding			
Other:			

I authorize an inquiry to be made on the information contained in this application. I understand that the Company may investigate my driving and criminal records and may request an investigative report whereby information is obtained through personal interviews with my neighbors, friends, and others with whom I am acquainted. This inquiry includes information as to my character, general reputation, personal characteristics and mode of living. I further understand that I have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation.

Former employers and references named herein are authorized to give information regarding me. They are hereby released from all liability for issuing such information.

I understand that misrepresentation or omission of facts will be cause for cancellation of consideration for an internship or agreement if already selected as an intern. I understand and agree that I am not guaranteed employment at the end of my internship.

I understand that if driving is part of my duties that at the time of my application for an internship I must have a current valid drivers' license. I authorize the Company to secure a motor vehicle record (MVR) initially and periodically thereafter. I further understand that if selected, I must notify my supervisor immediately if there is any change in my drivers' licence status and any time I am cited for a traffic violation. I understand that the Company reserves the right to require me to submit to a drug test at any time and also reserves the right to require me to submit to an alcohol test and/or medical examination to the extent permitted by law.

I further agree, if accepted for an internship, to comply with all rules and regulations of Amelia Island Plantation, to perform all duties assigned to me to the best of my ability, and to be responsible for the Company property entrusted to my care. I hereby authorize the Company to deduct from my final check upon termination, any debts I may owe the Company or amounts due for lost or damaged items for which I may be accountable.

I have read and agree to comply with the company's grooming standards. I understand that as an AIP intern, this is a condition of my internship and full compliance is necessary.

Signature _____ Date _____

(Please print this form and sign and date it by hand)

INTERN CONSENT FOR DRUG TESTING

- ◆ I understand that Amelia Island Plantation has a policy against the use, possession or distribution of illegal drugs by its employment applicants, employees and interns. I further understand that the company has adopted a drug-testing program as one method of implementing that policy.
- ◆ I hereby consent to the taking of urine or blood samples by the company, or its agents, for purposes of the above drug testing program and to the testing of such samples by a drug testing laboratory designated by the company. I hereby further consent to the release of any test reports on such samples or other related medical information from the laboratory to the Human Resources Department of the company's assessment of my internship and/or internship status.
- ◆ I also understand that I have a legal right under the Confidentiality of Medical Information Act to receive a copy of this consent form.
- ◆ I further understand that if I refuse to test, or test positive for the substances described within the company drug policy, I will:
 1. Forfeit my medical and indemnity benefits under the Florida Worker's Compensation Act, and upon the exhaustion of the procedures in Florida Statute 440.102 (#5)
 2. Be subject to termination of my internship.

Name: _____ Signature: _____

Date: _____

INTERN CONSENT FOR CHECK OF CRIMINAL HISTORY & REFERENCE RELEASE

CRIMINAL BACKGROUND INFORMATION RELEASE:

I, (print name): _____
do hereby authorize Amelia Island Plantation to conduct a check of my background and to review any criminal history which I may or may not have. I also authorize the Florida Department of Law Enforcement and Single Source Services to release any information and/or documents related to such criminal history. I further release and hold harmless Amelia Island Plantation and the Florida Department of Law Enforcement, their officers, agents and employees from any and all liability which might arise as a result of the release of this information.

Name: _____ Signature: _____

Date: _____

PLEASE NOTE:

Our application asks for all criminal records, not just those that occurred in the last seven years. We also ask you to explain any felony or misdemeanor for which you pled *nolo contendere* (no contest). Amelia Island Plantation checks criminal records on every intern. Falsifying this information on your application is grounds for immediate termination of your contract.

ACADEMIC/EMPLOYMENT HISTORY REFERENCE RELEASE:

This will authorize disclosure to Amelia Island Plantation of any and all of the information requested below pertaining to my academic/employment history and me. I hereby release Amelia Island Plantation and my previous employers/school from any and all liability for damages resulting directly or indirectly from such disclosures.

Name: _____ Social Security #: _____

Date: _____ Signature: _____

Example of what might be discussed with a reference: (no need to complete)

Former job/internship title: _____ Verify Compensation: _____
Employment/Internship Dates: _____ Recommended for rehire? _____

Positive Attitude	Team Player	Flexibility
Attendance	Punctuality	Dependability
Quality of Work	Customer Service Skills	Reason for Leaving
Initiative	Grades (if school)	Projects (if school)

Comments: _____

INTERN ACKNOWLEDGEMENT OF ACCEPTABLE DRIVER STANDARDS

Driver acceptability standards are determined by our insurance company and are listed below. These standards represent what underwriters use when determining if a driver's record is acceptable. Each company underwriter has the option of taking a driver's age into consideration, especially if they have been licensed less than three years.

If driving is a requirement of your internship, you must meet these standards. In addition, if your driving record or status changes, you must notify us immediately. Completion of a safe driving class will not negate an offense.

At the minimum, an acceptable driver:

- ◆ Has at least three years of driving experience with a valid license (not counting learner's permit time)
- ◆ Is at least 21 years of age if using a company vehicle to transport people

A driver would be deemed unacceptable if the following apply:

Within a five-year period:

- ◆ Citation while driving intoxicated or impaired
- ◆ Citation for leaving the scene of an accident
- ◆ Citation for reckless driving

Within a three-year period:

- ◆ Two or more MAJOR offenses listed below:
 - Two or more citations for an at-fault accident
 - Two or more citations for excessive speed (equal to or greater than 15 mph over the speed limit)
- ◆ Three or more of the following MINOR offenses:
 - Citation for excessive speed (less than 15 mph over the speed limit)
 - Citation for other moving violation

I, (print name) _____ do hereby acknowledge that:

- I meet the driver acceptability standards.
- I do not meet the driver acceptability standards.

Name: _____ Signature: _____

Date: _____

Please note:

Our application asks for all violations for the past seven years, not just those that occurred in the last three years. Falsifying or omitting this information on your application is grounds for immediate termination of your internship.