



Internship Program
 10825 East Boulevard
 Cleveland, Ohio 44106
 www.wrhs.org

Western Reserve Historical Society Internship Program Application

Name _____ Date _____

Current address _____ City _____

State _____ Zip _____ E-mail _____

Home phone () _____ Other phone () _____

Permanent address _____

Emergency Contact:

Name _____ Relationship _____ Phone () _____

Note: Participants will be photographed for educational, archival, public relations and security purposes for the Western Reserve Historical Society and the Internship Program.

I acknowledge that I will be photographed by the Western Reserve Historical Society and through my signature below consent to this action.

Signature _____

Education

Current Status of Applicant: Undergraduate Graduate

Name of Current College or University: _____

Academic Status: Year _____ Major/s _____

Grade Point Average: _____

List additional colleges or universities attended, degrees, and major fields of study

School _____ Degree _____ Major _____

School _____ Degree _____ Major _____

Availability

Fall Winter/Spring Summer Other _____ Date term begins: _____

Internship Hours:

Full Time (40 hrs/wk) Half Time (20 hrs/wk) Part Time (8-10 hrs/wk)

Preferred Hours

Morning

Afternoon

Sun	Mon	Tues	Wed	Thurs	Fri	Sat

Skills

General Skills

(check all that apply)

	Highly Skilled	Some Experience
Academic Research	<input type="checkbox"/>	<input type="checkbox"/>
Art History	<input type="checkbox"/>	<input type="checkbox"/>
Aviation	<input type="checkbox"/>	<input type="checkbox"/>
Car Maintenance/Restoration	<input type="checkbox"/>	<input type="checkbox"/>
Carpentry	<input type="checkbox"/>	<input type="checkbox"/>
Docent	<input type="checkbox"/>	<input type="checkbox"/>
Painting	<input type="checkbox"/>	<input type="checkbox"/>
Educational Program Research	<input type="checkbox"/>	<input type="checkbox"/>
First Person Interpretation	<input type="checkbox"/>	<input type="checkbox"/>
Fundraising	<input type="checkbox"/>	<input type="checkbox"/>
Genealogy	<input type="checkbox"/>	<input type="checkbox"/>
Graphic Design	<input type="checkbox"/>	<input type="checkbox"/>
Librarianship	<input type="checkbox"/>	<input type="checkbox"/>
Photography	<input type="checkbox"/>	<input type="checkbox"/>
Public Relations	<input type="checkbox"/>	<input type="checkbox"/>
Public Speaking	<input type="checkbox"/>	<input type="checkbox"/>
Research	<input type="checkbox"/>	<input type="checkbox"/>
Secretarial	<input type="checkbox"/>	<input type="checkbox"/>
Security	<input type="checkbox"/>	<input type="checkbox"/>
Sewing/Weaving/Crafts	<input type="checkbox"/>	<input type="checkbox"/>
Special Events Management	<input type="checkbox"/>	<input type="checkbox"/>
Teaching	<input type="checkbox"/>	<input type="checkbox"/>
Working With Small Children	<input type="checkbox"/>	<input type="checkbox"/>
Writing/Editing	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

Computer Skills

(check all that apply)

	Highly Skilled	Some Experience
Databases	<input type="checkbox"/>	<input type="checkbox"/>
Spreadsheets	<input type="checkbox"/>	<input type="checkbox"/>
Microsoft Word	<input type="checkbox"/>	<input type="checkbox"/>
Microsoft Access	<input type="checkbox"/>	<input type="checkbox"/>
Microsoft Excel	<input type="checkbox"/>	<input type="checkbox"/>
Microsoft PowerPoint	<input type="checkbox"/>	<input type="checkbox"/>
Microsoft Publisher	<input type="checkbox"/>	<input type="checkbox"/>
HTML	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please Specify)		
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

Language Skills

Foreign Language (please specify)

_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

Site Preference

- Library, Cleveland
 History Museum, Cleveland
 Crawford Auto/Aviation Museum, Cleveland
 Administrative Headquarters, Cleveland
 Hale Farm and Village, Bath
 Shandy Hall, Geneva
 James A. Garfield Historic Site, Mentor

Previous Application/Employment at WRHS?

Yes No
 If yes, when? _____ Which department (library, education, etc.)? _____

Have you ever been convicted of a crime?
 Yes No
 If yes, what were the details?

Objectives/Goals

What are your objectives/goals during your internship at the Historical Society? What do you want to achieve?

Previous Experience

Work Experience

1. _____
 Company/Organization City/State Title of position Dates of position

Duties _____

2. _____
 Company/Organization City/State Title of position Dates of position

Duties _____

Volunteer Experience

1. _____
 Organization City/State Title of position Dates of position

Duties _____

2. _____
 Company/Organization City/State Title of position Dates of position

Duties _____

You may also submit a resume with this application

References

(please list two persons, not relatives)

Name _____ Phone () _____

Name _____ Phone () _____

Background Investigations

An individual interning for the WRHS must undergo an investigation into his or her background as a condition of placement. Background Investigations are authorized by the individual and allow a representative from the WRHS Protection Services Department, the Human Resources Department to look into references, past employment history, law enforcement criminal history records, driving records, and any statements made by the individual regarding his or her background and history. These background investigations are typically conducted prior to actual placement. However, in the unusual event that an intern is placed in a position before the results of the investigation have been obtained, he or she must understand that continued volunteer service is contingent upon a favorable result. The WRHS also reserves the right to conduct a background investigation on any individual currently interning for the WRHS when the individual is a part of an internal investigation into a crime, a breach of duty or trust, or to verify the status of licenses or permits. Any information obtained as a result of the background investigation will be handled confidentially and disseminated only on an official need-to-know basis.

Interns are advised that criminal history and driving records are public information and can be obtained from municipal, county, state, and federal criminal files without prior authorization from the applicant or employee. Other information obtained may or may not require compliance with the Federal Fair Credit Reporting Act.

Any information obtained by the WRHS contrary to that provided by the applicant will be reviewed by two or more of the following individuals: Executive Director, Chief Operating Officer, Chief Financial Officer, and Human Resources Manager. Any contrary information will be discussed with the applicant prior to taking any course of action.



Protection Services Department
10825 East Boulevard
Cleveland, Ohio 44106
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**AUTHORIZATION TO OBTAIN CONSUMER REPORT
PURSUANT TO 15 U.S.C. §1681b(b)(2)(B)**

I authorize The Western Reserve Historical Society to obtain a consumer report for employment purposes. I understand that an inquiry may include, but is not limited to: criminal records, motor vehicle records, credit records, address verification, social security verification, civil court records, bankruptcy records, personal or professional references, education verification, and copies of prior personnel files. An inquiry may be made as part of a pre-employment screening process as well as at any time during the course of employment. No additional notice or authorization shall be needed for future inquiries and to obtain additional consumer reports.

Use of date of birth is for identification purposes only. The Western Reserve Historical Society is an equal opportunity employer. Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.

This authorization and disclosure is pursuant to the Fair Credit Reporting Act, 15 U.S.C. §1681b(b)(2)(B).

Date: _____

Name of Authorizing Consumer: _____
(Please Print Legibly)

Street Address: _____

City, State, Zip: _____

Social Security Number: _____ - _____ - _____

Date of Birth: ____ / ____ / _____

Driver's License (Optional): _____

Signature of Authorizing Consumer: _____