



growFLUID: High School Internship Application

growFLUID: Personal Data

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____

Are you 16 years of age or older? (circle one) YES NO

List names of friends or relatives who currently work or have worked for this company:

Who referred you to this company? _____

How did you hear about us? (check all that apply)

- | | | | |
|--|--------------------------------------|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Careerbuilder.com | <input type="checkbox"/> Jobs HQ | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Job Fair |
| <input type="checkbox"/> Indeed.com | <input type="checkbox"/> DFP Website | <input type="checkbox"/> Radio | <input type="checkbox"/> Other _____ |

Year in school: (circle one) FRESHMAN SOPHOMORE JUNIOR SENIOR

growFLUID: Experience & Objective

Please describe any previous practical experience you may have had:

What are your objectives in undertaking an internship with DFP? How does it fit within your career plan?

Signature: _____ Date: _____