



INTERNSHIP APPLICATION
Ezer Digital Consulting
606 N. Edgefield Ave. Dallas, Texas 75208
214.668.5838

Applicant Information

Applicant Name: _____ *Date:* _____

Home Address: _____

City, State & Zip: _____

Phone: _____ *Email:* _____

Internship Eligibility

How did you hear about this position?

What days are you available?

What hours are you available?



Are you 18 years of age or older?

- Yes
- No

Are you a U.S. citizen or approved to work in the United States?

- Yes
- No

Do you have a personal working computer with a front facing camera or attachment?

- Yes
- No

Will you be seeking class credit for this internship?

- Yes
- No

Skills/Qualifications

Please list below the skills and qualifications you possess for the position for which you are applying:



Education and Training

High School: _____ Address: _____

From: _____ To: _____ Graduation date? _____

College: _____ Address: _____

From: _____ To: _____ Graduation date? _____

References

Please provide at least 1 professional reference(s) below:

Reference: _____ Contact Information: _____

Reference: _____ Contact Information: _____

Reference: _____ Contact Information: _____

By signing below, I certify all information is true and correct to the best of my knowledge.

Applicant Signature: _____ Date Signed: _____