



Aquarium Internship Application

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone ()	E-mail Address		
Applying for (check one): <input type="checkbox"/> Winter/ Spring (Jan - April) <input type="checkbox"/> Summer (May - Aug) <input type="checkbox"/> Fall (Sep - Dec)			
Are you a citizen of the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO		If no, are you authorized to work in the U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Have you ever worked for this company? <input type="checkbox"/> YES <input type="checkbox"/> NO		If yes, when?	
Have you ever been convicted of a felony? <input type="checkbox"/> YES <input type="checkbox"/> NO		If yes, explain	

EDUCATION		
High School	City	GPA
College	City	GPA
Enrollment Status <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Degree Obtained		
Actual or Projected Graduation Date		Field of Study
Graduate School	City	GPA
Actual or Projected Graduation Date		Field of Study

COLLEGE CREDIT		
If selected, will you be receiving college credit for this internship? <input type="checkbox"/> YES <input type="checkbox"/> NO		
<i>If receiving college credit, fill out Advisor information below.</i>		
Faculty Advisor's Name		Title
Advisor's Mailing Address		
City	State	Zip
Email	Phone	Fax

CERTIFICATION AND QUALIFICATIONS	
Are you willing to work any days including weekends? <input type="checkbox"/> YES <input type="checkbox"/> NO	If no, explain:
Are you SCUBA certified? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, indicate certifying association and level:	
Please list any relevant organizational affiliations:	



Aquarium Internship Application

PREVIOUS EMPLOYMENT OR VOLUNTEER EXPERIENCE		
Company		Phone ()
Address		Supervisor
Job Title	From	To
Responsibilities		
May we contact your previous supervisor for a reference? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Company		Phone ()
Address		Supervisor
Job Title	From	To
Responsibilities		
May we contact your previous supervisor for a reference? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Company		Phone ()
Address		Supervisor
Job Title	From	To
Responsibilities		
May we contact your previous supervisor for a reference? <input type="checkbox"/> YES <input type="checkbox"/> NO		

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge.	
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	
Signature	Date

Mail application to: Gulfarium Marine Adventure Park • Attn: Aquarium Intern Coordinator • 1010 Miracle Strip Pkwy SE • Fort Walton Beach, FL 32547

Email complete application (scanned documents) to: terra.behrens@gulfarium.com