



# 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  |      |                |
|--|------|----------------|
| <b>High School</b>   | City | GPA            |
| <b>College</b>   | 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 |
| <b>Graduate School</b>   | 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:  |                 |



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| 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: [cara.zito@gulfarium.com](mailto:cara.zito@gulfarium.com)