

The Little Planner, LLC Internship Program

TLP INTERNSHIP PROGRAM APPLICATION FORM						
1. First and Last Name:			Preferred Names:			
2. Sex:			3. Pronouns:			
4. Date of Birth: MM/DD/YYYY		5. Phone Number:		6. Email Address: (that you use daily)		
7. Permanent Address:			8. Present Address			
9. In case of emergency, notify:						
Name:						
Address:						
Telephone No.:						
10. Knowledge of Languages						
	Read		Write		Speak	
Language	Easily	Not easily	Easily	Not Easily	Easily	Not Easily
English						
Spanish						
Other: (Please specify)						
11. Do you have these skills? :						
Word Processing/Computer Skills	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
Excellent Communication (verbally & written)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
Negotiation and Budgeting	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
Problem-Solving	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
Leadership	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
Social media and creativity	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		

12. Education				
High School Name and Town	Attended from/to		Graduation Date	Did you partake in any specialty classes?
	Mo./Year	Mo./Year		
College University Name and Town	Attended from/to		Expected Graduation Date	Major/Minor
	Mo./Year	Mo./Year		
13. Employment: Please describe any previous practical experience you may have had, giving full details of your duties. Use an additional sheet if necessary.				
14. Career Plans:				
15. Other Relevant Information:				
i) University scholarships, academic distinction, or awards:				
b) Extracurricular Activities (inside or outside school):				

16. Please answer these questions

Do you have a reliable smartphone? Yes No
Do you have a reliable laptop or computer? Yes No
Do you have a reliable transportation? Yes No
What is your form of transportation? _____

What do you wish to gain and/or learn during this internship?

17. Internship Period:

Please indicate your availability for Internship (periods of up to a maximum of six months)

18. Availability:

Please indicate which days and times you are available.

	9:00 AM – 11:59 AM	12:00 PM – 3:00 PM	3:01 PM – 6:00 PM	6:01 PM – 9:00 PM	9:01 PM – 11:59 PM
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

19. Resume

Please submit your resume with this application

20. References:

Please list three persons not related to you, who are familiar with your character and qualifications:

Full Name and Title	Phone Number/Email	Business or Occupation

21. I certify that the foregoing statement and answers are true, complete, and correct to the best of my knowledge and belief.

Signature: _____

Date: _____

*Applications should be received by January 4th, 2023 and emailed to thelittleplanner.abby@gmail.com.
Late or incomplete applications will not be considered.*