



## Children of Promise, NYC

54 Macdonough Street, Brooklyn, NY 11216

P. 718-438-9290

1842 Webster Avenue, Bronx, NY 10457

P. 718-400-9290

## 2024 Internship Application

### Applicant Information

Name: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Dept of Interest: \_\_\_\_\_

### Availability

Available Start Date: \_\_\_\_\_ Preferred: Full Time  Part Time

Fall Term (Sept-Dec)  Spring Term (Jan-May)  Summer (June-Aug)

Days Requesting: Mon \_\_\_ Tues \_\_\_ Wed \_\_\_ Thurs \_\_\_ Fri \_\_\_ Sat \_\_\_

Hours Desired Between: M-F 9am – 7pm \_\_\_\_\_ Sat. (Only Full Day Available) 9am – 2pm \_\_\_\_\_

### EDUCATION

Education	Name / Location	Years Attended	Degree	Major / Minor
College or University				
Trade School Licenses				
High School				

### Work History

	Name of Employer	Position/ Title	Date from/ To	Department
1.				
2.				
3.				

How did you learn about Children of Promise, NYC?

\_\_\_\_\_

## Disclaimer and Signature

Children of Promise, NYC (CPNYC) is an equal opportunity employer. CPNYC does not discriminate on account of race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status, or unfavorable discharge from military service.

I understand that neither the completion of this application nor any other part of my consideration for an internship establishes any obligation for CPNYC to offer you an internship. I understand that no representative of CPNYC has the authority to make assurance to the contrary.

I attest with my signature below that I have given to CPNYC true and complete information on this application. No requested information has been concealed. I authorize CPNYC to collect references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of an internship or immediate dismissal.

Signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

**Please scan completed application and resume to [hr@cpnyc.org](mailto:hr@cpnyc.org).**

**Subject: Summer 2024 Intern.**