

## IEAS Intern Application

**Please include a copy of your transcript (official or unofficial), copy of your driver's license, 3 letters of reference and a cover letter and resume. More information can be found at:**

**<http://www.bigcat.org/education/internprogram>**

Desired session: \_\_\_\_\_

Desired length: \_\_\_ 3 month \_\_\_ 6 month

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home#: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Driver's License: \_\_\_\_\_

Married: Yes                  No

Education: \_\_\_\_\_

Expected Graduation Date: \_\_\_\_\_

**List three references. If you have previously been a Volunteer, or an Intern, please include one reference from that organization.**

Name	Address	Phone
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1.

2.

3.

**Work Experience:**

Current employer: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Position: \_\_\_\_\_ Hours per week? \_\_\_\_\_

Duties: \_\_\_\_\_

**Volunteer:**

Have you ever volunteered before?      Yes      No

Where \_\_\_\_\_

What were your duties? \_\_\_\_\_

\_\_\_\_\_

How Long? \_\_\_\_\_ Hours/day? \_\_\_\_\_ Days/week? \_\_\_\_\_

Are you still a volunteer? \_\_\_\_\_

If no, why not? \_\_\_\_\_

**Intern:**

Have you ever done an internship?      Yes      No

Where: \_\_\_\_\_

How Long? \_\_\_\_\_ Hours/day? \_\_\_\_\_ Days/week? \_\_\_\_\_

What were your duties? \_\_\_\_\_

\_\_\_\_\_

**Animal Experience:**

Do you have any experience with animals?      Yes                  No

(Explain)\_\_\_\_\_

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Have you ever trained an animal?      Yes                  No

If yes, what animals?\_\_\_\_\_

What kind of training?\_\_\_\_\_

Have you ever interacted with any wild animal?      Yes      No

If yes, explain the circumstances\_\_\_\_\_

Do you have cats in your home as pets?      Yes      No

Do you have an aversion to certain animals?      Yes      No

If yes, specify\_\_\_\_\_

**You may use an extra page if necessary for any of the following questions.**

Why are you interested in the internship at IEAS?

\_\_\_\_\_

\_\_\_\_\_

Please list special skills, Education, Training:\_\_\_\_\_

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How did you hear about this internship?\_\_\_\_\_

What are your career goals?\_\_\_\_\_

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Hobbies, Interests:\_\_\_\_\_

**Personal Information:**

Auto Insurance Carrier \_\_\_\_\_

Circle all that Apply:      Collision      Liability

Have you ever been convicted and / or placed on probation for any criminal offenses?    Yes    No

If Yes, provide dates and detailed information.

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**To ensure the safety of our staff, and our felines, it is necessary to have the following information from you:**

Would you submit to a drug test?    Yes    No      Initials: \_\_\_\_\_

Are you immune-compromised? (Chemotherapy patient, or any disease affecting your immune system)    Yes    No

Do you have any allergies? \_\_\_\_\_  
(Specify) \_\_\_\_\_

Have you ever had a tetanus shot?    Yes    No      When: \_\_\_\_\_

Have you ever had a T.B. test?    Yes    No      When: \_\_\_\_\_

Do you have any chronic viral infections such as cold sores or hepatitis?      Yes      No

Specify: \_\_\_\_\_

Do you have, or have you had, any chronic respiratory problems?      Yes    No

Do you have a history of ANY medical problems (please include prior surgeries and injuries) or mental health problems? Yes No

Specify: \_\_\_\_\_

Are you currently taking or have you taken any prescription medications in the last year? Yes No

Specify: \_\_\_\_\_

If yes, will any of the above affect the job you will do? Yes No

**Medical Contact:**

Doctor: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax: \_\_\_\_\_

**Emergency Contact:**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

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

**I verify that everything I have stated in this application is true and correct to the best of my knowledge.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Mail to:  
International Exotic Animal Sanctuary  
Attn: Intern Program  
P.O. Box 637  
Boyd, TX 76023