



Performance Consultants Group, Inc.  
**INTERN APPLICATION FORM**

*PCGi is an affirmative action/equal employment opportunity employer. Discrimination because of race, color, religion, sex, handicap, sexual orientation or national origin is prohibited. All application items must be submitted as a complete package. Incomplete applications will not be reviewed.*

Name(s) of Internship Applying For:

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

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

\_\_\_\_\_

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

\_\_\_\_\_

School Telephone Number: \_\_\_\_\_ Permanent Telephone Number: \_\_\_\_\_

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

Are you legally eligible to work in the U.S.? \_\_\_\_\_

If you are not a U.S. Citizen, are there any restrictions on your eligibility for employment?

\_\_\_\_\_

Are you requesting that your college grant you credit hours for your internship? \_\_\_\_\_

Dates available to perform internship: \_\_\_\_\_



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Type of School	Name & Location	Degree/Date	Major
High School			
College			

Scholastic Honors and/or Licenses: \_\_\_\_\_  
\_\_\_\_\_

**Employment History (Including paid, volunteer, and intern positions)**

Most Recent Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Supervisor: (Name & Title): \_\_\_\_\_

Position Title: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Description of Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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

Supervisor: (Name & Title): \_\_\_\_\_

Position Title: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**References**

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

Company/School: \_\_\_\_\_

Relationship: \_\_\_\_\_ Known how long: \_\_\_\_\_

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

Company/School: \_\_\_\_\_

Relationship: \_\_\_\_\_ Known how long: \_\_\_\_\_

Publications and Articles: \_\_\_\_\_

\_\_\_\_\_

Community/professional organizations, honors and awards: \_\_\_\_\_

\_\_\_\_\_

Activities relevant to the internship(s) for which you are applying: \_\_\_\_\_

\_\_\_\_\_



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Why would you want to work as a PCGi intern? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify that all of the statements in this application are true and complete to the best of my knowledge. I understand that a false or incomplete answer may be grounds for not considering me or for my dismissal.

\_\_\_\_\_

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

A completed copy of this application and a copy of your transcripts, verifying current enrollment must be submitted on or before the final filing date to:

**Performance Consultants Group, Inc.**  
**Human Resources Division**  
**1 Innovation Way, Suite 304C**  
**Newark, DE 19711**

Incomplete applications or applications not accompanied by transcripts will not be reviewed.