



## Huna Totem Corporation Internship Application

**APPLICATION DEADLINE: APRIL 10, 2020**

### General Information:

Name: \_\_\_\_\_ Maiden Name (Previous): \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Birth City/State: \_\_\_\_\_

### Shareholder Information:

Are you a Huna Totem Corporation Shareholder? Yes  No

If yes, Shareholder ID Number: \_\_\_\_\_

Are you a descendent of a Huna Totem Corporation Shareholder? Yes  No

If yes, Shareholder Name/ID Number: \_\_\_\_\_

If yes, your relation to the HTC Shareholder: \_\_\_\_\_

### Educational Information:

Name of University/Vo-Tech School: \_\_\_\_\_

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

Class Standing: Junior  Senior  Graduated within last 1-2 years

Type of Terms: Quarter  Semester  Trimester

Cumulative Grade Point Average: \_\_\_\_\_

Declared Major and/or Area of Study: \_\_\_\_\_

Projected Graduation Date: \_\_\_\_\_

### Areas of Interest (Please Rank on a 1 – 5 scale, with 1 being your preferred choice):

Marketing \_\_\_ Corporate Relations \_\_\_ Tourism \_\_\_ Accounting \_\_\_ Non-Profit \_\_\_

Federal Contracting \_\_\_ Land Management \_\_\_

Other: \_\_\_\_\_

### Travel Agreement:

I understand that travel may be required of me throughout this internship. In such instances, Huna Totem Corporation will give at least a week notice. Initial \_\_\_\_\_

**Employment History:**

Please provide information about your last two employer(s):

- 1. Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Employment Dates: \_\_\_\_\_
- 2. Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Employment Dates: \_\_\_\_\_

**References:**

Provide at least two references (unrelated) that we may contact.

Name	Phone Number	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Other Information:**

Provide information such as skills, interests, certifications, achievements, or any other information that you believe will help your application.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I understand that my application submittal does not guarantee placement into a position or future employment with HTC upon completion of the program. I understand that the HTC Internship Program is designed for participants to work approximately 40 (forty) hours per week for 8-12 weeks.**

**I have read the above statement and I hereby provide the required information and authorize the use of such information to the extent of the uses specified in this application.**

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