



**SUMMER CAREER EXPERIENCE APPLICATION**  
NORTH DAKOTA VISION SERVICES/SCHOOL FOR THE BLIND  
(01-2023)

**GENERAL INFORMATION**

Last Name		First Name	
Address			
City	State	ZIP Code	Telephone Number
Email Address			
Emergency Contact		Emergency Contact Telephone	
Current Employer (If not currently employed indicate N/A)			
May we contact your current employer? <input type="checkbox"/> No <input type="checkbox"/> Yes, Telephone Number:			
Have you ever been convicted of a felony? <input type="checkbox"/> No <input type="checkbox"/> Yes, explain:			

How did you learn about the Summer Career Experience?
Why do you want to participate in the Summer Career Experience?
What kind of jobs have you held, both employed and volunteer?
What specific skills do you have that might be useful to us?
Have you been a volunteer before? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, for what organization?

**REFERENCE INFORMATION**

Please list the name and daytime phone number of two references. Indicate each person's connection to you (e.g., teacher, supervisor, classmate) and how long they've know you.

Name	Telephone Number	Email Address
Relationship	Length of Relationship	

Name	Telephone Number	Email Address
Relationship	Length of Relationship	

Signature	Date
-----------	------