

THE PERFECT SMILE DENTISTRY Internship Application for High School Students

Please note: We prefer applications to be submitted via email to Kyle Wong at: **kylejwong@yahoo.com**. However, you can complete this application and send us a hard copy to:
 Dr. Stanley Tom
 c/o The Perfect Smile
 501 S Garfield Ave
 Alhambra, CA 91801.

Please remember to complete all sections of this application and send it with your high school transcript, essay, and one recommendation letter **no later than** May 15, 2019. *Recommendation should be completed by someone who knows you well, such as a teacher, academic advisor, or extracurricular activity supervisor/coach and emailed to: **kylejwong@yahoo.com**. Recommendation from family members will not be considered. Recommendation letter should be treated as confidential.*

Thank you for your interest!

1. Contact Information

Name (Last, First, Middle):		Date:	
Present street address:		City:	State: Zip:
Home phone:	Other phone:	E-mail address:	
Are you qualified to work in the US for any employer for an indefinite period of time? Yes No If no, please specify your status.		Are you less than 16 years of age? Intern must be at least 16 years old at the start of the internship. Yes No If you are under 16 years of age, what will your age be on June 15, 2019?	
Expected date of high school graduation:			

2. Education

List the schools and/or educational organizations you have attended, beginning with your most recent:

Name of School or Organization	Location	Dates Attended	Years Completed (as of June 15, 2019)

3. Essay

On a separate page, please describe 1) your career goals, 2) your strengths and weaknesses, 3) why you are hoping to intern at The Perfect Smile. There is no length requirement, but try to keep each essay to fewer than 200 words.

4. Educational Benefit

Please indicate what you hope the educational benefit of this opportunity will be. List any requirements of your educational organization (for example: complete a paper, work 60 hours on a specific project, complete an assignment, etc.).

5. Availability

The internship program will likely begin on June 15, 2019 and will run for 8 consecutive weeks. If you are not able to attend the full program, please indicate the dates, days and times you are **not** available:

6. Previous Internships and Employment

Provide a list of previous employers. Please include all paid and unpaid positions in the order they occurred. Please continue list on separate sheet of paper. If possible please obtain a letter of recommendation from previous supervisors.

Internship or Employer	Address	Dates of Employment	Position Held
1. Name:		From: To:	Title:
Duties performed:		Contact as reference (Y/N)	
2. Name:		From: To:	Title:
Duties performed:		Contact as reference (Y/N)	

7. References

Please make sure you have answered Y (Yes) or N (No) to whether we can contact your former employer(s) in section 6. In addition, please include at least one letter of recommendation from a teacher or coach.

8. Previous Convictions

<p><u>Have you ever been convicted of a crime other than a minor traffic violation?</u> Yes No If yes, please explain. Conviction will not necessarily bar you from employment.</p>
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9. Application Verification

THIS FORM IS NOT VALID WITHOUT YOUR SIGNATURE. PLEASE READ BEFORE SIGNING: The statements above are true to the best of my knowledge.

Signature _____

Date _____

THE PERFECT SMILE DENTISTRY IS AN EQUAL OPPORTUNITY EMPLOYER

Student & Parent Contact Information

Student Information

Name _____

Street _____ City _____ Zip Code _____

E-mail _____ Cell Phone _____ Home Phone _____

Parent/Guardian Information

- Name(s) _____ Relationship _____

Street _____ City _____ Zip Code _____

E-mail _____ Cell Phone _____ Home Phone _____

- Name(s) _____ Relationship _____

Street _____ City _____ Zip Code _____

E-mail _____ Cell Phone _____ Home Phone _____

Student and Parent Agreement

I understand that I am applying to be considered for an intern at The Perfect Smile Dentistry. I understand that this is a commitment of responsibility, time, energy, and enthusiasm and I will meet this commitment to the best of my ability. I further understand that my participation in group meetings and service hours is part of my commitment, and if I fail to meet the participation guidelines, I will be asked to leave the program.

Signature of Applicant _____ Date _____

I support my child in their application for The Perfect Smile Dentistry Intern Program. If my child does not have their own transportation, I also pledge to provide transportation to and from the clinic.

Signature of Parent/Guardian _____ Date _____