



IDEAL DAIRY, LLC

239 Vaughn Road • Hudson Falls, NY 12839 • (518) 747-5059

Internship Application

Internship Being Applied For:		
Applicant Name:	Phone Number:	
Address:		
Email:		
Are you at least 18 years of age?	Yes	No
Availability:	Full-Time	Part-Time Part-Time or Full-Time
We operate 24 hours a day, 7 days a week, 365 days a year. Are you willing and able to work nights, weekends, and holidays?	Yes	No

Are you at least 18 years of age?	Yes	No
Are you authorized to work in the United States?	Yes	No
Do you have reliable transportation to and from work?	Yes	No
Do you have a valid NYS Driver's License?	Yes	No
If you have a valid CDL, what class license do you hold?	_____	
Have you ever been named as a defendant in a civil action alleging sexual harassment, assault, battery, stalking, intentional infliction of emotional distress or any other intentional tort?	Yes	No
Have you ever been convicted of a felony?	Yes	No

Education

	High School	Post-Secondary: College/Trade
School Name & Location (City & State):		
Years Completed? Diploma/Degree		
Special Training & Skills Acquired:		
Honors Received:		

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Skills & Qualifications

What skills, knowledge, experiences, or abilities do you have that will make you a valuable addition to our team? List any that are relevant to the internship you are applying for.

Learning Objectives

What skills, knowledge, or experiences, are you hoping to gain with this internship?

Future Plans

Expected graduation, or program end date (month, and year): _____

What are your career intentions following graduation or the completion of your program?

Thank you for your interest in an internship with our farm!

IDEAL DAIRY, LLC

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Applicants Name:	Phone Number:
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Previous Employment, Experiences & References

Employer:	Start Date:	End Date:	Responsibilities & Achievements:
Phone Number:	Address (City & State):		
Job Title:	Starting Wage:	Ending Wage:	
Supervisor's Name:	Reason for Leaving:		

May we contact this employer/reference? Yes No

Employer:	Start Date:	End Date:	Responsibilities & Achievements:
Phone Number:	Address (City & State):		
Job Title:	Starting Wage:	Ending Wage:	
Supervisor's Name:	Reason for Leaving:		

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