



Council on American-Islamic Relations **Chicago Office**  
 17 North State Street, Suite 1500, Chicago, IL 60602  
 Tel 312.212.1520 Fax 312.212.1530 [cairchicago.org](http://cairchicago.org)

## CAIR-Chicago Application for Internship & Externship Program

CAIR-Chicago is an Equal Opportunity Educational Institution and EEO/Affirmative Action Employer committed to excellence through diversity. Acceptance into its Internship & Externship Program is made on the basis of qualifications without regard to race, sex, religion, national or ethnic origin, disability, age, veteran status, or sexual orientation. If you are accepted into the program, note the minimum hour and weekly schedule requirements: **Undergraduate/Graduate**—Individuals who have attained at least a high school diploma or G.E.D. will be required to complete at least 12 weeks with a minimum of 12 hours per week; **High School**—Students in grades 9-12 will be required to complete at least eight (8) weeks with a minimum of 10 hours per week.

**APPLICATION MAY BE EMAILED.** Complete all questions by filling out each box. **Attach your cover letter and résumé**—DO NOT indicate “See Résumé”. Failing to follow these instructions will deem your application incomplete and may not be considered for review. Email application to: **High School & Undergraduates**—[internships@cairchicago.org](mailto:internships@cairchicago.org); **Graduate**—[externships@cairchicago.org](mailto:externships@cairchicago.org). All general inquiries, contact Gerald Hankerson, [ghankerson@cair.com](mailto:ghankerson@cair.com).



### **PART I: BACKGROUND INFORMATION — Complete the following sections.**

<b>Position &amp; Session Applying For:</b>		<b>Name (Last, First, Middle):</b>		<b>Other names</b> under which you have attended school or been employed:
<b>Street Address:</b>		<b>City, State &amp; Zip:</b>		
<b>Email (Personal):</b>	<b>Cell Phone:</b>	<b>Home Phone:</b>	<b>Work Phone:</b>	
<b>Are you eligible to work in the United States?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>NOTE:</b> If you're a visiting student or worker, provide a scanned copy of your current visa and/or work permit.		
<b>Are you 18 years of age or older?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If NO, what is your current age?</b>		
<b>Are you currently a student enrolled in an academic institution or professional training program?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If YES, where? (Include address and office number)</b>		
<b>Will you be employed or interning at another location during the session you're applying for?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If YES, will you meet CAIR-Chicago's minimum hour &amp; weekly requirements?</b>		
<b>If required for position, do you have a valid driver's license?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If YES, State of issuance, license #, and expiration date:</b>		
<b>Are you related to any current CAIR-Chicago employee?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If YES, his/her name &amp; relationship to you?</b>		

How did you learn about this opportunity at CAIR-Chicago? Check all that apply, and specify if necessary:

- Web: cairchicago.org    CAIR-Chicago Email List    CAIR-Chicago Social Media \_\_\_\_\_
- School (e.g., major dept., career services) \_\_\_\_\_    Career Fair \_\_\_\_\_
- Organization's Posting (please specify): Name: \_\_\_\_\_ Source: \_\_\_\_\_
- Newspaper/Magazine Ad \_\_\_\_\_    Referral by CAIR-Chicago Contact \_\_\_\_\_
- Event \_\_\_\_\_    Other \_\_\_\_\_



**PART II: EDUCATION** — Complete the following sections.

Name of School	City/State	Did you graduate?	If No, # of years left to graduate	If Yes, Graduation Date	Degree received	Major/Minor
High School/G.E.D.:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Undergraduate:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Graduate:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other:		<input type="checkbox"/> Yes <input type="checkbox"/> No				

Other certifications, licenses, credentials, professional affiliations, honors, distinctions, etc., which are relevant to the position for which you are applying:



**PART III: SKILLS** — Indicate the following software programs are you proficient in. Check all that apply:

- General:**  MS Word    MS Excel    MS Power Point    MS Access    Windows    MAC OS
- Media:**  Adobe Photoshop    Adobe InDesign    Adobe Illustrator    Dreamweaver    Photography
- Print/Online Periodical Layout    Final Cut Pro    Filmmaking    Film & Audio Editing    Windows Movie Maker
- Web:**  HTML    CSS    Javascript    Macromedia Flash    Social Media (please list platforms in the next box)
- Legal:**  Lexus Nexus    Westlaw   **Tech:**  IT/Networking    Database Design    Troubleshooting

**Other skills (e.g., languages, talents, etc.), software, program, social media proficiency:**



**PART IV: REFERENCES — List three (3) of the following types: Professional, Academic, Extra-Curricular or Volunteer. Family members are excluded as references.**

Name	Phone	Email	Relationship to Applicant



**PART V: SIGNATURE — Read carefully and sign with your signature to affirm that you understand and agree to comply with this statement.**

I certify that the information submitted in this application and its supporting documents is accurate and complete. I understand that the completion and submission of this application and its supporting documents **does not** guarantee that CAIR-Chicago will accept me for the program and/or the position I applied for. I understand and agree that failure to fully complete this form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for an interview, acceptance into the program, or termination from the program if discovered at a later date. I authorize CAIR-Chicago to investigate, without liability, all statements contained in this application and its supporting documents. I authorize my references and former employers, without liability, to make full responses to any inquiries in connection with this application for an internship, externship, clerkship, or fellowship at CAIR-Chicago. If requested, I agree to submit to a criminal and credit background investigation, and/or screening for illegal substances upon conditional acceptance into the program. I understand that this application and its supporting documents will be filed with CAIR-Chicago for a minimum five (5) years following the date of receipt by the organization. If offered a position and I accept, I agree to actively complete all assignments, participate in all programs, respect all participants (i.e., staff, peers, visitors, partners, and affiliates) and their property, and abide by the rules and policies of the organization throughout the duration of the program. I plan to complete all forms, including the media waiver, at the start of the program. I understand that I may be terminated at any time if I violate this clause. Finally, I understand that certain violations may result in action by law enforcement (and, if I am a minor under 18 years of age, parent/guardian notification).

**Applicant**

I acknowledge by my signature below that I have read and understood the statement above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Parent or Guardian**

I acknowledge by my signature below I have read and understood the statement above, and verify I am the legal parent/guardian of the minor applicant.

\_\_\_\_\_  
Signature of the Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Relationship to the Minor

**FOR OFFICE USE ONLY: TO BE COMPLETED BY DEPARTMENT INTERVIEWER**

**APPLICATION RECEIVED:**



**STATUS OF APPLICANT**

NOT FOR CREDIT  FOR CREDIT

**FOR CREDIT INFO:** CONTACT & TITLE \_\_\_\_\_

EMAIL \_\_\_\_\_ PHONE \_\_\_\_\_  PAPERWORK COMPLETED

**SESSION:**

Winter-Spring

Summer

Fall



**TYPE OF APPLICANT**

INTERN  EXTERN  LAW CLERK  FELLOW (SPECIFY PROGRAM BELOW)

**NAME OF PROGRAM/ORGANIZATION** \_\_\_\_\_

**YEAR:** 20 \_\_\_\_\_



**DOCUMENTS ATTACHED**

V2.1.0

**REQUIRED:**  RÉSUMÉ  COVER LETTER

*Last Modified:*

**SAMPLE:**  WRITING  PORTFOLIO  NOT REQUESTED/APPLICABLE TO POSITION

*January 7, 2014*

**OPTIONAL:**  TRANSCRIPTS (OPTIONAL)  RECOMMENDATION LETTER



**STATUS OF APPLICATION**

New  Reapplying  Postponed Session  Returning (Alumni)  Continuing (New Position)

IF NOT NEW, WHAT **SESSION(S)** PREVIOUSLY APPLIED AND/OR HAVE BEEN ACCEPTED FOR: \_\_\_\_\_

IF NOT NEW, WHAT **POSITION (S)** PREVIOUSLY APPLIED AND/OR HAVE BEEN ACCEPTED FOR: \_\_\_\_\_

Complete  Incomplete (under consideration)  Void

IF APPLICATION IS VOID, STATE REASON(S): \_\_\_\_\_



**INTERVIEW**

**TYPE OF INTERVIEW:**  In-person (at CAIR-Chicago office only)  Phone (If applicant lives outside of Chicagoland)

**DATE** \_\_\_\_\_ **INTERVIEWED BY** \_\_\_\_\_



**END RESULT OF APPLICATION & INTERVIEW PROCESS**

**OFFER EXTENDED BY CAIR-CHICAGO?**  Yes  No

**NO:**  Ceased contacting  Dept. refused  Referred to another Dept.  No show/call for interview

IF NO, STATE REASON(S): \_\_\_\_\_

**OFFER ACCEPTED BY APPLICANT?**  Yes  No

**NO:**  Accepted another offer  Unable to fulfill time requirement  Postponed Offer to Another Session

IF NO, STATE REASON(S): \_\_\_\_\_

**START DATE:** \_\_\_\_\_ **END DATE:** \_\_\_\_\_

ALL DOCUMENTS RECEIVED W/ APPLICATION  ATTENDED NEW HIRE TRAINING  CONFIDENTIALITY FORM SIGNED

MEDIA WAIVER SIGNED  MEDICAL WAIVER SIGNED  DATA FORM COMPLETED  BIO SUBMITTED

COMPLETED EXIT INTERVIEW  COMPLETED PROGRAM EVALUATION