



University of Maryland
CENTER FOR ENVIRONMENTAL SCIENCE
HORN POINT LABORATORY
OYSTER HATCHERY

2024 Oyster Hatchery Intern Application Form

Contact Information

Full Name:

Preferred name:

Address:

Email:

Phone Number:

Personal Information

Would you require housing?*

**Housing is limited, must be over 18 years of age to live on campus.

Anticipated start date:

Anticipated end date:

**Interns should be able to work a minimum of 12 weeks but those who can work longer periods as well are encouraged to make that known.

How did you hear about this internship opportunity?

Education

School Name:

Address:

City/State/Zip:

Years Attended:

Degree Received:

Major:

2nd School Name (*if applicable*):

Address:

City/State/Zip:

Years Attended:

Degree Received:

Major:

Work Experience- Please fill in information about most recent work experience

Job Title:

Employer:

Supervisor Name:

Supervisor contact information:

May we contact them?

Employment dates:

Description of duties:

Reason(s) for leaving:

Job Title:

Employer:

Supervisor Name:

Supervisor contact information:

May we contact them?

Employment dates:

Description of duties:

Reason(s) for leaving:

Internship Narratives- These questions are designed to give us insight into your personality and work ethic. Please take the time and effort to complete them to the best of your ability.

Please tell us a little about yourself. What are your hobbies and interests?

Why do you want to be an intern for Horn Point Lab Oyster Hatchery? What are your expectations of this opportunity and how do you plan to make an impact during your internship?

Where do you see yourself in terms of a career in the next five years? How could this internship help your path?

If you require any assistance in filling out this application, please contact Stephanie Alexander at tobash@umces.edu or (410) 221-8310.

I certify that the statements made in this application are true and complete.

I authorize investigation of statements made in this application as may be necessary in arriving at an employment decision.

In the event of employment, I understand that false or misleading information may result in discharge.

Signature

Date

Parent/Guardian Signature (if applicant is under 18 at time of submission)

Date