

CENTER FOR ECONOMIC AND SOCIAL JUSTICE

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CESJ INTERNSHIP APPLICATION

Date of Application: _____

Name (Mr., Mrs., Miss, Ms.) _____

Mailing Address _____

A.M. Telephone () _____ P.M. Telephone () _____

Fax () _____ E-mail _____

School Attending: _____

Degree Program and Field(s) of Concentration: _____

Expected Year of Graduation: _____

What are your main objectives in applying for an internship with CESJ? _____

Please list your most relevant work or academic experience, familiarity with office equipment, etc. (you may attach a resume to answer this):

What days of the week _____ and for how many hours per day _____ would you be available?

Do you have personal transportation? Yes _____ No _____

If "No", do you have access to the Metro subway and bus system? Yes _____ No _____

When would you want to begin (Month/Day/Year)? _____

(Please attach any writing samples and other materials which you feel would be useful in consideration of your application.)