

2019 Internship
Program Application



Deadline April 2, 2019

APPLICANT INFORMATION										
Last Name					First				M.I.	Date
Street Address								Apartment/Unit #		
City					State				ZIP	
Phone					E-mail Address					
Age				Sex	Female	Male	Other			
Are you a citizen of the United States?	YES		NO		If no, please explain					
Employed?	YES		NO		Please explain					
What year/grade are you in school?										
Academic interest:										
EDUCATION										
<u>High School</u>					Address					
From		To		Did you graduate?	YES	NO	GPA:			
<u>College</u>					Address					
From		To		Did you graduate?	YES	NO	Degree			
<u>Other</u>					Address					
From		To		Did you graduate?	YES	NO	Degree			

ESSAY PROMPT FOR APPLICANT

Please type (no more than 2 pages) essay answering the following:

- 1) Tell us about yourself: academic achievements, future goals, dreams and aspirations.
- 2) Tell us about your extracurricular activities.
- 3) How will this internship make a difference in your academic or future career life?
- 4) Tell us why you think insurance is important to everyday life?

INTERNSHIP APPLICATION CHECKLIST

- Completed Application
- Typed Essay Response
- Resume

Please email your completed application

to Topa-HR@topa-ins.com

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DISCLAIMER AND SIGNATURE

I, _____ certify that my answers are true and complete to the best of my knowledge. I understand that false or misleading information in my application may result in disqualification.

Signature

Date