







5100 N. Brookline Ave, STE 450, Oklahoma City, OK 73112 • 405.492.6927

## **Management & Operations Internship Application**

Please fill out the following information and submit it with a résumé to **sbaca@okagcoop.org**. The deadline for submission of the application packet is **March 6**, **2020**, or until suitable candidates are identified.

## **Applicant Information**

Last Name	First Name		Middle Initial	
Local Address				
City	State		Zip	
Permanent Address				
City	State		Zip	
Cell Number	Email Address			
College/University Currently Attendin	9	Major		
GPA	Expected Date of Graduat	ion	Year in School	
Are you available to attend and work	at the CEO & Board Retreat	on July 20-22, 202	20?	
Yes No	_			

## References

Please list three professional references.

1		
Name		
 Company	Relationship	
Email Address		Phone Number
2		
Name		
Company	Relationship	
Email Address		Phone Number
3		
Name		
Company	Relationship	
Email Address		Phone Number
I have read and understand the requirements	s of this internship, includir	ng the physical and mental capabilities required.
Applicant Signature		