



SkillBridge Internship Program Application

Human Resources – Workforce Development

Instructions: To be completed by military service members transitioning to the civilian workforce and applying for the SkillBridge Program. See Submitting Your Application on the bottom of page 2 for detailed instructions.

Applicant Information

Internship Applying For		Location (City and State)	
Name <i>(First, Middle, Last)</i>		Birth Date <i>(mm-dd-yyyy)</i>	Rank
Military Occupational Skill, Specialty Code, or Rating		Military Branch of Service	Years of Service
Separation Date <i>(mm-dd-yyyy)</i>	Available Date for SkillBridge Internship <i>(mm-dd-yyyy)</i>		
Applicant Address <i>(Street, City, State, ZIP Code)</i>			
Email	Home Phone	Work Phone	Cell Phone

Commander/Unit Information

Unit Name	Address <i>(Street, City, State, ZIP Code)</i>		
Commander/Supervisor Name <i>(First, Middle, Last)</i>	Email	Phone	

Civilian Education

Institution Name	Address	Dates Attended <i>(mm-dd-yyyy to mm-dd-yyyy)</i>	Degree
		-	
		-	
		-	

Relevant Military Education

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SkillBridge Internship Program Application (continued)

Name *(First, Middle, Last)*

Questionnaire

Briefly highlight 1 to 2 experiences that have prepared you for this particular SkillBridge internship.

Describe your career goals.

Why are you interested in the Mayo Clinic SkillBridge internship?

What do you envision as your ideal first position after transitioning from the military?

Signature

Applicant Signature (digital/typed signatures are acceptable)

Date *(mm-dd-yyyy)*

Submitting Your Application

Complete all fields and save the file. Open a new email message, then attach the following documents and send to mcskillbridge@mayo.edu

- This program application
- A copy of your resume
- A copy of commander's approval to participate in the SkillBridge Program, if applicable