



Mendocino County's Internship Program

GET STARTED!

Government Employment Training

Supporting Teaching And Resources To Educate & Develop



Human Resources Department
501 Low Gap Road, Rm 1326 Ukiah, CA 95482
(707) 234-6600 Fax: (707) 468-3407

APPLICATION

First Name: Last Name: Date:

Address:

City: State: Zip Code:

Home Phone: Cell Phone: Work Phone:

E-mail address: Social Security Number (optional):

Please indicate how you heard about the program:
[] County Employee [] Website [] Posted Bulletin [] Newspaper
[] School: [] Other:

Name of School or Program to Participate:

Internship(s) of interest: Internship number(s):

Check all locations you would accept an internship: [] Ukiah [] Willits [] Fort Bragg [] Other:

Number of hours per week you are available:
Check All Days Available:
(A.M.) [] S [] M [] T [] W [] Th [] F [] Sat
(P.M.) [] S [] M [] T [] W [] Th [] F [] Sat
Date range you are available (all internships are 3 months - 1 year):
/ / to / /

What language(s), other than English, do you speak fluently?
Read and write fluently?

Do you have a valid California driver's license? [] Yes [] No If "Yes", Class: Number:

Are you 18 years of age or older? [] YES [] NO

If applying for a paid internship, are you able to provide proof of your legal right to work in the United States? [] YES [] NO

Do you have any family members currently employed with the County of Mendocino? [] YES [] NO
If yes, please provide name(s) and relation:

Have you ever been convicted of a felony by any court? [] Yes [] No If "Yes", please provide the date, location and nature of the offense (internships may require background checks; convictions are evaluated and are not necessarily disqualifying.):

Education

Are you currently enrolled in high school? [] Yes [] No If "Yes", indicate year expected to graduate:

Did you graduate from high school? [] Yes [] No If "No", did you receive a G.E.D.? [] Yes [] No

If "No", please indicated highest year completed: [] 1 [] 2 [] 3 [] 4 [] 5 [] 6 [] 7 [] 8 [] 9 [] 10 [] 11

Table with 4 columns: Name of College/Trade School, Dates Attended, Major/Minor, #Units Completed or Degree. Includes rows for 'To' dates.

Work Experience			
Name of Employer:		Dates of Employment: From:	Duties:
Title:		To:	
Salary:	Hours Per Week:	Reason for Leaving:	
Name of Employer:		Dates of Employment: From:	Duties:
Title:		To:	
Salary:	Hours Per Week:	Reason for Leaving:	
Name of Employer:		Dates of Employment: From:	Duties:
Title:		To:	
Salary:	Hours Per Week:	Reason for Leaving:	
May we contact all employers listed? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No", please indicate exceptions:			
List related skills, volunteer work, computer programs, coursework, licenses, and/or certificates.			
References – list three people, other than relatives; you may use past employers.			
Name	Telephone Number(s)		Relation
Summarize the goal(s) you wish to accomplish through interning (gain work experience, school credit, licensing requirements, etc.):			

Applicant Certification: PLEASE READ BEFORE SIGNING. I CERTIFY that the statements made by me in this application are true, complete and correct to the best of my knowledge and belief. I understand that statements made are subject to verification and that any misrepresentation, fraud or omission of material facts may be grounds to deny internship or dismissal.

Applicant Signature

Date