



Mendocino County's Internship Program

GET STARTED!

Government Employment Training

Supporting Teaching And Resources To Educate & Develop



Human Resources Department
579 Low Gap Road Ukiah, CA 95482
(707) 463-4261 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:		<input type="checkbox"/> County Employee <input type="checkbox"/> Website <input type="checkbox"/> Posted Bulletin <input type="checkbox"/> Newspaper <input type="checkbox"/> School: <input type="checkbox"/> Other:			
Name of School or Program to Participate:					
Internship(s) of interest:				Internship number(s):	
Check all locations you would accept an internship: <input type="checkbox"/> Ukiah <input type="checkbox"/> Willits <input type="checkbox"/> Fort Bragg <input type="checkbox"/> Other:					
Number of hours per week you are available:		Check All Days Available: (A.M.) <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sat (P.M.) <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", Class: Number:					
Are you 18 years of age or older? <input type="checkbox"/> YES <input type="checkbox"/> NO					
If applying for a paid internship, are you able to provide proof of your legal right to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO					
Do you have any family members currently employed with the County of Mendocino? <input type="checkbox"/> YES <input type="checkbox"/> NO					
If yes, please provide name(s) and relation:					
Have you ever been convicted of a felony by any court? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", indicate year expected to graduate:					
Did you graduate from high school? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No", did you receive a G.E.D.? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "No", please indicated highest year completed: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11					
Name of College/Trade School	Dates Attended	Major/Minor	#Units Completed or Degree		
	To				
	To				
	To				

Work Experience			
Name of Employer:		Dates of Employment:	Duties:
		From:	
Title:		To:	
Salary:	Hours Per Week:	Reason for Leaving:	
Name of Employer:		Dates of Employment:	Duties:
		From:	
Title:		To:	
Salary:	Hours Per Week:	Reason for Leaving:	
Name of Employer:		Dates of Employment:	Duties:
		From:	
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