



County of Sonoma
Internship Program



Human Resources Department
Recruitment Division
575 Administration Dr., Suite 116B, Santa Rosa, CA 95403
(707) 565-2930 Fax: (707) 565-3770

INTERN APPLICATION

PLEASE CHECK: STUDENT <input type="checkbox"/> NON STUDENT <input type="checkbox"/>		Date:	Office Use Only			
			Code	Dept.	Date of Ref.	Status
Area/Position of interest:						
First Name: _____ Last Name: _____						
Address:						
City: _____	State, Zip Code: _____					
Home Phone: _____	Cell Phone: _____	Work Phone: _____				
E-mail address: _____						
GOALS through interning (gain work experience, school credit, career development, etc.)						
SUMMARIZE YOUR WORK HISTORY						
Current job title & employer:						
Brief description of present duties:						
Brief summary of employment history:						
EDUCATION						
School now attending: <input type="checkbox"/> SRJC <input type="checkbox"/> SSU <input type="checkbox"/> Other:						
Major: _____ 2 nd Major/Minor/Concentration: _____						
Degree: _____ Expected date of graduation: _____						
List any degrees previously earned:						
RELEVANT COURSE WORK, COMPUTER, SPECIAL SKILLS, CERTIFICATES, OR LICENSES						

TIMES AVAILABLE		
Number of hours per week:	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	Availability: (Please select one) Short Term <input type="checkbox"/> Ongoing <input type="checkbox"/> 1 Semester <input type="checkbox"/> School Year <input type="checkbox"/> Summer Only <input type="checkbox"/>

VOLUNTEER EXPERIENCE (Summarize your volunteer history, if applicable)

HOBBIES OR INTERESTS (Tell us what you enjoy doing)

Are you **Fluent** in other languages? Spanish Other:

In times of **County-Wide disaster**, may we call you to assist? Yes No

Age: Under 14 14 – 17 18 – 20 21 or older

TRANSPORTATION

Do you have a valid CA driver’s license? Yes No Do you have auto insurance? Yes No

CA Driver’s License #: Expiration date:
 If you don’t drive, how will you get to your job?
 Have you been put on probation or has your driver’s license been suspended or revoked within the last 5 years?
 Yes No If yes, please explain:

BACKGROUND CHECKS
 (Some positions may require background checks)

1. Have you ever been convicted of a felony? Yes No
 2. Have you ever been convicted of a misdemeanor? Yes No
 If yes, please explain:

HOW DID YOU LEARN ABOUT THE PROGRAM?

<input type="checkbox"/> County Employee <input type="checkbox"/> County Volunteer <input type="checkbox"/> Human Resources Bulletin Board <input type="checkbox"/> Press Democrat <input type="checkbox"/> Other Newspaper:	<input type="checkbox"/> Posted Bulletin <input type="checkbox"/> School: <input type="checkbox"/> Website <input type="checkbox"/> Other:
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