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:		
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:		

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

Name of College/Trade School	Dates Attended	Major/Minor	#Units Completed or Degree
	To		
	To		
	To		

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? ☐Yes ☐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