



County of Sonoma
Internship Program

Human Resources Department
 575 Administration Dr., Suite 116B, Santa Rosa, CA 95403
 (707) 565-8059 Fax: (707) 565-3770

UNPAID INTERN APPLICATION

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		
<u>Number of hours per week:</u>	<u>Check All Days available:</u> <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"/> S (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"/> S (P.M.)	<u>Availability:</u> (Please select one) <input type="checkbox"/> Short Term, <input type="checkbox"/> Ongoing, <input type="checkbox"/> 1 Semester, <input type="checkbox"/> School Year, <input type="checkbox"/> Summer Only

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: _____

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: _____
 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 or intern <input type="checkbox"/> Human Resources Bulletin Board <input type="checkbox"/> Print Media _____ <input type="checkbox"/> Social Media _____	<input type="checkbox"/> Posted Bulletin <input type="checkbox"/> School _____ <input type="checkbox"/> Website <input type="checkbox"/> Other _____
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