



## EDUCATION AND SKILLS

Current grade or highest grade completed:

High School:    Freshman    Sophomore    Junior    Senior

College:         Freshman    Sophomore    Junior    Senior  
                   Master's     Doctorate

Are you currently attending school/college?        YES         NO

    If yes, what school/college/university? \_\_\_\_\_

    Major / Minor: \_\_\_\_\_        Expected Graduation Date: \_\_\_\_\_

What skills and abilities will you bring to the City of Escondido?

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Comments:

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What are your objectives for participating in an internship program?

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What type of work would you like to do during your internship opportunity?

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Do you have any special needs that would assist or hinder your performance as an intern?

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Please indicate the days and times you are available to intern.

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					

Please list two prior volunteer/intern experiences

Job Title	Place of Work	Number of Years
1.		
2.		

Please list two references (excluding family)

Name/Relationship	Email Address	Phone
1.		
2.		

Emergency Contact Name/Relationship \_\_\_\_\_

Phone: \_\_\_\_\_

**We will contact you when we match your interests with the appropriate department.**

**Please sign the attached Participation Agreement and return it along with your application to:**

City of Escondido – Attn: City Manager’s Office  
 201 N Broadway, Escondido, CA 92025

<b><u>Official Use Only</u></b>	
<input type="checkbox"/> Interviewed on _____	By: _____ Name Title
<input type="checkbox"/> Reference Checks Completed By: _____	Name Title
<input type="checkbox"/> Livescan Completed on: _____	