

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?

Comments:

What are your objectives for participating in an internship program?

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

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

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 return your application to:

City of Escondido – Attn: City Manager’s Office

201 N Broadway, Escondido, CA 92025

or scan and email to Bernadette Bjork

at bbjork@escondido.org

Official Use Only

Interviewed on _____ By: _____

Name

Title

Reference Checks Completed By: _____

Name

Title

Livescan Completed on: _____