



**INTERN APPLICATION**  
**CITY OF ESCONDIDO**  
**CITY MANAGER'S OFFICE**

201 N. BROADWAY  
ESCONDIDO, CA 92025  
760-839-4631  
[www.escondido.org](http://www.escondido.org)

**PERSONAL INFORMATION**

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (MI)

Address: \_\_\_\_\_  
(Number and Street) (City) (State) (Zip)

Phone Number: Home \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Do you have a valid CA driver's license? YES  NO   
Class: \_\_\_\_\_ Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Do you speak or write any languages in addition to English? YES  NO   
If yes, please specify the languages: \_\_\_\_\_

Have you ever been convicted of a crime? YES  NO   
If yes, please explain;

\_\_\_\_\_  
\_\_\_\_\_

**AREAS OF INTEREST**

Community Development  
Building, Code Enforcement  
Planning, Business License  
Housing & Neighborhood  
Services,

Community Services  
Library, Recreation, After School Program,  
Older Adult Services  
Communications  
Public Art

Police

Fire

Field Engineering

Public Works

Building Maintenance  
Parks, Streets, Fleet  
Recycling

Utilities

Environmental Programs  
HARRF/Wastewater  
Lakes  
Water Treatment Plant/Canal

## 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: \_\_\_\_\_

    Are you seeking an Internship for school credit?    YES  NO

    How long do you intend to Intern? \_\_\_\_\_

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 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](mailto:bbjork@escondido.org)

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