|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| INTERNSHIP APPLICATION | |  |  |  |  | | --- | --- | --- | --- | | **PLEASE SELECT YOUR COLLEGE LOCATION(S)** | | | | |  | Los Angeles City College |  | Los Angeles Trade-Technical College | |  | East Los Angeles College |  | Los Angeles Valley College | |  | Los Angeles Harbor College |  | West Los Angeles College | |  | Los Angeles Pierce College |  | Mission College | |  | Los Angeles Southwest College |  | Other (Specify) | |  | |

## APPLICANT INFORMATION

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Date: |  |
|  | Last | First | M.I. |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Address: |  | | | |  |
|  | Street Address | | | | Apartment/Unit # |
|  |  | | |  |  |
|  | City | | | State | ZIP Code |
| Phone: |  | Email |  | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date Available: | |  | | SSN: | | |  | | | Desired Salary: | | | |  | | | | | |
| ***List Internship position (s) you are interested in applying for in order of importance:*** | | | | | | | | | | | | | | | | | | | |
| 1. |  | | | 2. |  | | | | | | 3. |  | | | | | | | |
| Are you a citizen of the United States? | | | Yes | | |  | No |  | If “No”, are you authorized to work in the US? | | | | | | Yes |  | No |  |
| Have you ever been convicted of a felony? | | | Yes | | |  | No |  | Green Card# |  | | | Exp. Date | |  | | | |

## EDUCATION

|  |  |  |  |
| --- | --- | --- | --- |
| High School: |  | Address: |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Did you graduate? | YES | NO | Diploma: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| College: |  | Address: |  | Major: |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Did you graduate? | YES | NO | Cert/Diploma: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Other: |  | Address: |  | Major: |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Did you graduate? | YES | NO | Degree: |  |

## REFERENCES

Please list three professional or Academic references.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. | Full Name: | | |  | |  | | | | | | Relationship: | | | |  | |
| Company or School: | | | | | | | |  | | | | Phone: | |  | | |  |
| 2. | | Full Name: |  | | | | | |  | Relationship: | | |  | | | |  |
| Company or School: | | | | |  | |  | | | |  | Phone: | |  |  | |  |
| 3. | Full Name: | | |  | | | | | | | | Relationship: | | | |  | |
| Company or School: | | | | | | |  | | | | | Phone: | |  | | | |

## EMPLOYMENT STATUS

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Employed |  | Full-Time *(Indicate schedule)* | |  | | Part-Time *(Indicate schedule)* | | | | |
|  | |  | | | | |
|  | Underemployed | (*Employed at reduced hours or in an occupation that does not match skill and education level)* | | | | | | | | | |
|  | Unemployed (*Please indicate how many weeks unemployed):* | | |  | | Last day of employment: | | | |  |  |
| \*Complete previous employer information below | | | | | | | | | | | |
| Have you collected Unemployment Insurance (UI) within the last 2 years? | | | | | | | | Yes | No | | |
| Have you Exhausted Unemployment Insurance (UI) within the last 2 years? | | | | | | | | Yes | No | | |
| Are you seeking a full-time or part-time Internship? (*circle one)* | | | | | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| \*Company: |  | Phone: |  |
| Address: |  | Supervisor: |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Job Title: |  | | Starting Salary: | $ | Ending Salary: | $ |
| Responsibilities: | |  | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Reason for Leaving: | | |  |
| May we contact your previous supervisor for a reference? | | | | | YES | NO |  |
|  | | | | |  |  |  |

## MILITARY SERVICE

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Branch: |  | From: |  | To: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Rank at Discharge: |  | Type of Discharge: |  |

|  |  |
| --- | --- |
| If other than honorable, explain: |  |

## DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

## INTEREST IN PROGRAM

In the space below, state your reason for applying to LACCD’s Build Internship Program. Include your personal attributes; future educational and career goals; area of study and industry of interest, and what you hope to gain through your participation in the internship program.

|  |
| --- |
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| **AUTHORIZATION AND RELEASE** |

The Los Angeles Community College District through its Build-LACCD Program requests your permission to reproduce through printed, audio, visual, or electronic means activities in which you have participated with the Build-LACCD program. Your authorization will enable us to use specially prepared materials to (1) train teachers, staff and/or (2) increase public awareness and promote continuation and improvement of educational programs through the use of mass media, displays, brochures, websites and so forth.

|  |  |  |  |
| --- | --- | --- | --- |
| 1. |  | 2. |  |
|  | Participant Name (please print) | | Birthdate (please print) |
| 3. |  |  | |
|  | Parent Name (If under 18 years) |  | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| a. | I and/or I am (as parent or guardian), of the above named participant/student full authorize and grant the Los Angeles Community College District (LACCD) and its Build-LACCD and its authorized representatives, the right to print, photograph, record, and edit as desired, the biographical information, name, image, likeness, and/or voice of the above name person on video, film, slide, or any other electronic and printed formats, currently developed, (known as “recordings”), for the purposes stated or related to the above. | | | | | | | | | | | | |
| b | I understand and agree that use of such Recordings will be without any compensation to the pupil or the pupil’s parent or guardian | | | | | | | | | | | | |
| c | I understand and agree that the Los Angeles Community College District and/or its authorized representatives shall have the exclusive right, title, and interest, including copyright, in the Recordings. | | | | | | | | | | | | |
| d | I understand and agree that the Los Angeles community College District and/or its authorized representatives shall have the unlimited right to use the Recordings for any purposes stated or related to the above | | | | | | | | | | | | |
| e | I hereby release and hold harmless the Los Angeles Community College District and its authorized representatives from any and all actions, claims, damages, costs, or expenses, including attorney’s fee, brought by the pupil and/or parent or guardian which relate to or arise out of any use of these Recordings as specified above. | | | | | | | | | | | | |
| 4. |  | | |  | | 5. |  | | | | | | |
| *PARTICIPANT SIGNATURE(OR AUTHORIZED GUARDIAN)* | | | | | *PLEASE PRINT YOUR NAME* | | | | | | | | |
| 6. |  | | | | | | | | | | | | |
|  | *(PARTICIPANT’S ADDRESS (NUMBER, STREET, APARTMENT NO.)* | | | | | | | | | | | | |
| 7. |  | | | | | | | | |  | | |  |
|  | *CITY* | | | | | | |  | | *STATE* |  | *ZIP CODE* | |
| ***MY SIGNATURE SHOWS THAT I HAVE READ AND UNDERSTAND THE RELEASE AND I AGREE TO ACCEPT ITS PROVISIONS*** | | | | | | | | | | | | | |
| **OFFICE USE ONLY** | | | | | | | | | **Approved as to form by the office of the General Counsel**  *This form shall not be amended with written approval of both the Office of the General Counsel and the Office of communications/Public information* | | | | |
| 8. |  |  |  | | | | | |
| 9. | *(AUTHORIZED LACCD PERSONNEL SIGNATURE)* |  | *DATE SIGNED* | | | | | |
| *CAMPUS/PMO* |  |  | | | | | |