



## INTERNSHIP APPLICATION

PLEASE SELECT YOUR COLLEGE LOCATION(S)			
<input type="checkbox"/>	Los Angeles City College	<input type="checkbox"/>	Los Angeles Trade-Technical College
<input type="checkbox"/>	East Los Angeles College	<input type="checkbox"/>	Los Angeles Valley College
<input type="checkbox"/>	Los Angeles Harbor College	<input type="checkbox"/>	West Los Angeles College
<input type="checkbox"/>	Los Angeles Pierce College	<input type="checkbox"/>	Mission College
<input type="checkbox"/>	Los Angeles Southwest College	<input type="checkbox"/>	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.


**Background Check** – An internship on the BuildLACCD program is contingent upon satisfactory completion of a background check, which includes a review of criminal records, employment, education, references, and credit checks when required. Once you have been extended an internship and you accept the offer, the background check will be initiated and you will be contacted via email by our background check vendor. However, until you receive confirmation from BuildLACCD that you have successfully completed the background check process, you should not make any plans in reliance on this offer of employment.



## 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

8. \_\_\_\_\_ DATE SIGNED  
(AUTHORIZED LACCD PERSONNEL SIGNATURE)

9. \_\_\_\_\_  
CAMPUS

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*