



APPLICATION FOR INTERNSHIP

Butte County Association of Governments
Butte Regional Transit



We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment/internship on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify the Personnel Manager.

Applicant name: _____ Date: _____

Internship applying for: _____

Address: _____

Telephone #: _____ Social Security #: _____

Hours per week desired: _____ full-time (40) _____ part-time (25) _____ temporary

What is your availability:

Please check semesters of availability: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Other, please explain: _____							
Check general availability	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning approx. 9-1							
Afternoon approx. 1-5							
Evening approx. 5-10							

Date you will be available to start work: _____

Can you travel if required by this position? Yes No

Can you submit proof of legal employment authorization and identity? Yes No

If you are under 18, can you furnish a work permit? Yes No

Have you ever been convicted of a crime in the last 7 years? Yes No

If yes, please explain (a conviction will not automatically bar employment): _____

Drivers' license number : _____

How were you referred to us? _____

Employment History

Please provide all employment information for your past three employers starting with the most recent.

Employer: _____ Position held: _____
Address: _____ Telephone #: _____
Dates employed: from _____ to _____ Salary: _____
Job summary: _____

Reason for leaving: _____

Employer: _____ Position held: _____
Address: _____ Telephone #: _____
Dates employed: from _____ to _____ Salary: _____
Job summary: _____

Reason for leaving: _____

Employer: _____ Position held: _____
Address: _____ Telephone #: _____
Dates employed: from _____ to _____ Salary: _____
Job summary: _____

Reason for leaving: _____

Other Skills and Qualifications

Summarize any internship-related training, skills, licenses, certificates, and/or other qualifications:

Why are you interested in an internship with BCAG? What specific experience would you like to gain through this experience? Long-term Career Goals?

Educational History

List school name and location, years completed, course of study, and any degrees earned:

High school: _____

College: _____

Technical Training: _____

Other: _____

References

List 3 references by name, telephone number, and years known (do not include relatives or employers):

I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make internship decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of internship, whenever it may be discovered.

If I become an intern, I acknowledge that there is no specified length of internship and that this application does not constitute an agreement or contract for employment or longevity of internship. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that persons need for a reasonable accommodation as required by the ADA.

I also understand that if I am chosen for an internship, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of said internship.

I represent and warrant that I have read and fully understand the foregoing, and that I seek an internship under these conditions.

Applicant signature: _____ Date: _____

Please attach a cover letter and resume with your completed application.