



Solano County Water Agency
810 Vaca Valley Parkway, Suite 203
Vacaville, CA 95688

Application for Internship

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related mental or physical disability, or any other legally protected status.

(PLEASE PRINT)

Internship Position Applied For:	Date of Application:
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Last Name:	First Name:	Middle Name:
Address:	City:	State: Zip:
Telephone Number(s):	Day:	Evening: Email Address:

Are you legally eligible to work in the United States? _____

Education

	High School				Undergraduate College/University*				Graduate/Professional*			
School Name, Location and Phone Number												
Years Completed	9	10	11	12	1	2	3	4	1	2	3	4
Course(s) of Study (attach additional pages if needed)												
Describe any specialized training, Apprenticeship, skills and extra-Curricular activities												
Describe any honors you have received												

*Education beyond the requirements on the job description or not related to the job for which you are applying need not be listed.

Employment Experience

Start with your present or last job. Include military service assignments and volunteer activities which relate to the job for which you are applying. You may exclude organizations which indicate race, color, religion, gender, national origin, mental or physical disability or other protected status.

Employer		Employment Start Date	Employment End Date
Address		Telephone Number	
Job Title	Supervisor	Work Performed	
Reason For Leaving			
Employer		Employment Start Date	Employment End Date
Address		Telephone Number	
Job Title	Supervisor	Work Performed	
Reason For Leaving			
Employer		Employment Start Date	Employment End Date
Address		Telephone Number	
Job Title	Supervisor	Work Performed	
Reason For Leaving			

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Applicant's Statement

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

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I understand and hereby acknowledge that any employment relationship with the Solano County Water Agency is of an "at will" nature, which means that the employee may resign at any time and the Solano County Water Agency may discharge the employee at any time with or without cause. I also understand that this "at will" employment relationship may not be changed by any written document or by conduct, unless such change is specifically acknowledged in writing by the General Manager of the Solano County Water Agency.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Solano County Water Agency.

Signature of Applicant: _____

Date: _____