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

Application for Internship

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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:		
Last Name:		First Name:		Middle Name:		
Address:		City:		State:	Zip:	
Telephone Number(s):	Day: Evening:		vening:	Email Address:		
Larry Name Nam	the United States?					
Education						
	High Sch	ool	Undergraduate College/Universit	y*	Graduate/Professional*	
School Name, Location and Phone Number			<u> </u>			

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Availability

Years Completed

needed)

received

Course(s) of Study (attach additional pages if

Describe any specialized training, Apprenticeship, skills and extra-Curricular activities

Describe any honors you have

			_				
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	

Please list the times you are available to work for each day.

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^{*}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				
Tob Title Supervisor		Work Performed	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	1			
Job Title	Supervisor	Work Performed				
Reason For Leaving						
	If you need additional space, pl	lease continue on a separate sheet of paper.				
Special Skills and Qualific Summarize special job-rela	cations ted skills and qualifications acquired	I 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.

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Signature of Applicant:	Date:		