



Application for Student Internship

City of St. Cloud

Name: _____ Social Security Number: _____
 (First) (MI) (Last)

College/University Address: _____
 (Street/P.O. Box) (City) (State) (Zip Code)

Permanent Address: _____
 (Street/P.O. Box) (City) (State) (Zip Code)

Home Telephone: (_____) _____ Message Telephone: (_____) _____

Driver's License Information:

Driver's License Number: _____ State Issued: _____
 Expiration Date: ____/____/____ Class: ()A ()B ()C ()D ()E

Education and Training:

	Name of School/Location	Graduation (Expected) Date	Major/Minor	GPA	College Courses Completed in Major
College/University					
High School					

Related Extracurricular Activities (Your Role / Responsibilities)

Desired Internship:

- | | | |
|--|--|-------------------------------------|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> I.T. | <input type="checkbox"/> Recreation |
| <input type="checkbox"/> Business Administration | <input type="checkbox"/> Planning & Zoning | <input type="checkbox"/> Records |
| <input type="checkbox"/> Economic Development | <input type="checkbox"/> Building | <input type="checkbox"/> Surveying |
| <input type="checkbox"/> Engineering | <input type="checkbox"/> Other: _____ | |

Period of Time Preferred () Fall () Spring () Summer () All

Please explain why you are interested in an internship (goals/expectations).

Work History / Experience (please list most recent first)

Employer: _____ Supervisor: _____

Employer's Address: _____
 (Street / P.O. Box) (City) (State) (Zip Code)

Employer's Phone Number (____) _____ Start/End Date: _____ () F/T () P/T

Please list Job Title, Duties and Responsibilities:

Employer: _____ Supervisor: _____

Employer's Address: _____
 (Street / P.O. Box) (City) (State) (Zip Code)

Employer's Phone Number (____) _____ Start/End Date: _____ () F/T () P/T

Please list Job Title, Duties and Responsibilities:

References (Faculty/Supervisory)

Name	Relationship	City/State	Telephone Number

INTERNSHIP POSITIONS WITH THE CITY OF ST. CLOUD ARE NON-PAID. FURTHERMORE, INTERNSHIP WITH THE CITY DOES NOT IMPLY THAT THERE MAY BE ANY POTENTIAL PART-TIME OR FULL TIME EMPLOYMENT OR BE CONSTRUED AS AN OFFER OF EMPLOYMENT AFTER COMPLETION OF INTERNSHIP.

CERTIFICATION

I certify that the information contained in this application is correct and complete to the best of my knowledge, and understand that falsification of this application in any detail is grounds for disqualification from further consideration or for dismissal from service. I hereby authorize investigation of all statements I have made herein. I authorize the employers, schools or persons named herein to give any information regarding my past employment and school records, together with any information that they have regarding me, whether or not it is on their records. I hereby release said companies or persons, and the City of St. Cloud from all liability for any damages whatsoever for issuing or obtaining this information. In the event I am selected for service by the City of St. Cloud, I agree to comply with all its policies, rules and regulations.

Date: _____ Applicant's Signature: _____