

STUDENT INTERNSHIP APPLICATION



Please submit your application and current official college transcript to:
 City of Richmond
 Internship Coordinator
 900 East Broad Street, Room 902
 Richmond, VA 23219
Phone: 804-646-5660
Fax: 804-646-6856

PLEASE PRINT OR TYPE ALL INFORMATION ON THIS FORM

PERSONAL DATA

Last Name	First	Middle	SSN - -
School Address			
City		State	Zip Code
Home Address			
City		State	Zip Code
School Telephone Number () -		Alternate Telephone Number () -	
Internship Position Name and Number for which you are applying			
<input type="checkbox"/> Part-Time: From 10 – 20 hours per week during the academic year			
<input type="checkbox"/> Full-Time: From 30 – 40 hours per week			

EMPLOYMENT HISTORY

List work experience, beginning with the most recent position.

May we contact your present employer? Yes No

1.

Employer		Address	Telephone No. () -
Job Title		Supervisor	
Date Employed (Mo/Yr) /	Date Separated (Mo/Yr) /	Reason for Leaving	

Duties:

2.

Employer		Address	Telephone No. () -
Job Title		Supervisor	
Date Employed (Mo/Yr) /		Date Separated (Mo/Yr) /	Reason for Leaving

Duties:

3.

Employer	Address	Telephone No. () -
Job Title	Supervisor	
Date Employed (Mo/Yr) /	Date Separated (Mo/Yr) /	Reason for Leaving

Duties:

Any mental or physical limitations in performing job-related functions, for which accommodations should be made? Yes No

If yes, please describe:

It is the policy of the City of Richmond to hire those persons who are lawfully authorized to work in the United States. As a condition of employment, individuals hired by the City are required to present proof of identification and of their eligibility to work in the United States before they can begin work. Are you legally eligible for employment in the United States?

Yes No

Physical examinations are required for all City of Richmond positions. As part of this examination, a substance abuse test (drug screening) is required prior to actual employment.

EDUCATION

IMPORTANT: AN OFFICIAL COLLEGE TRANSCRIPT FROM YOUR CURRENT INSTITUTION MUST BE SUBMITTED WITH YOUR APPLICATION.

Beginning with your current institution, list chronologically all colleges/ universities attended since high school. **EXPECTED GRADUATION DATE FROM YOUR CURRENT INSTITUTION MUST BE GIVEN.**

Name of Institution	Major
Location (City & State)	Expected Graduate Date (Month & Year)

Name of Institution	Major
Location (City & State)	Expected Graduate Date (Month & Year)

The following section is to be completed by Academic Advisor at current college or university.

Student's Name (Last)	(First)	(Middle)	(SSN)
Major		Degree	
Hours Completed		Overall GPA	

Class Status (Check One): Freshman Sophomore Junior Senior
 Graduate Program

Would you recommend above named student? Yes No
 (If no, explain)

(Advisor's Signature & Date)		(Telephone Number)	
(Street Address)	(City/State)	(Zip Code)	

REFERENCES – List individuals familiar with your capabilities. Do not list relatives or supervisors previously noted under employment.

Name	Title
Relationship	
Street Address & City/State	Zip Code

Name	Title
Relationship	
Street Address & City/State	Zip Code

Name	Title
Relationship	
Street Address & City/State	Zip Code

SKILLS/EXPERIENCE – Please be specific about skills with computers, laboratory and other equipment.

Driver's License: Yes No

Computer Programming _____

Computer Software Usage _____

Laboratory/Other Equipment _____

DISTINCTIONS, HONORS AWARDS & OTHER RECOGNITION OF ACHIEVEMENTS

Please indicate the basis of selection and date for each listing.

I hereby declare that the information provided by me in this application is true, correct, and complete to the best of my knowledge.

Applicant's Signature	Date:
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**STUDENT INTERNSHIP
CONFIDENTIAL APPLICANT DATA SHEET**

All responses are completely voluntary and will be used for statistical purposes only. The information will not be used in the employment process and will not become a part of your application. Refusal to respond will not result in adverse treatment of any applicant.

We would appreciate your completing the following:

(Last Name)	(First Name)	(Middle Name)
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(Internship Position Number for which you are applying) _____
(Department) _____

- Race: **White/Non-Hispanic Origin** Sex: **Male** **Female**
- Black/Non-Hispanic Origin** Birth Date: _____ (Month/Day/Year)
- Hispanic**
- American Indian or Alaska Native**
- Asian or Pacific Islander**