

Internship Application Form

1. DATE OF APPLICATION:			
PERSONAL INFORMATION			
2. Last Name	First Name	Middle Initial	
3. Present Address - Number and Street	City	State	Zip
4. Residence Telephone Number:	Cellular Number:	Email:	
5. Date of Birth:			

EDUCATION INFORMATION				
6. School Name:				
7. School Year	Address - Number and Street	City	State	Zip
8. Grade Level/Major (if applicable):			GPA:	
9. Extracurricular/Community Activities:				
10. Honors Received:				

DEMOGRAPHICS		
Please check all that apply:		
<input type="checkbox"/> Resident of San Jose District 2	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> First-Generation College Student
<input type="checkbox"/> African American or Black	<input type="checkbox"/> White	<input type="checkbox"/> First-Generation High School Graduate
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> LGBTQ	<input type="checkbox"/> Other:
<input type="checkbox"/> Asian	<input type="checkbox"/> First-Generation Immigrant	
<input type="checkbox"/> Hawaiian Native or Pacific Islander	<input type="checkbox"/> Second-Generation Citizen	

REFERENCES	
11. Personal	
Name:	Telephone Number:
Email:	Relation to Applicant:
Occupation:	Years Known:

12. Academic/Professional

Name:

Telephone Number:

Email:

Relation to Applicant:

Occupation:

Years Known:

OTHER

13. Expected internship start date:

Expected internship end date:

Please indicate the days and hours you would be available to work:

<i>From/To</i>	M	T	W	Th	F	S	Su
a.m.							
p.m.							

14. Please discuss your goals for this internship:

15. Are you fluent in any language other than English? Yes No

If yes, please specify:

In signing below, I certify that all the information provided in this application is true and correct to the best of my knowledge.

Signature of Applicant:

Date: