



INTERNSHIP APPLICATION

PLEASE SELECT YOUR COLLEGE LOCATION(S)			
<input type="checkbox"/>	Los Angeles City College	<input type="checkbox"/>	Los Angeles Trade-Technical College
<input type="checkbox"/>	East Los Angeles College	<input type="checkbox"/>	Los Angeles Valley College
<input type="checkbox"/>	Los Angeles Harbor College	<input type="checkbox"/>	West Los Angeles College
<input type="checkbox"/>	Los Angeles Pierce College	<input type="checkbox"/>	Mission College
<input type="checkbox"/>	Los Angeles Southwest College	<input type="checkbox"/>	Other (Specify)

APPLICANT INFORMATION

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ SSN - Last 4: _____ Desired Salary: _____

List Internship position (s) you are interested in applying for in order of importance:

1. _____ 2. _____ 3. _____

Are you a citizen of the United States? Yes No If "No", are you authorized to work in the US? Yes No

Have you ever been convicted of a felony? Yes No Green Card# _____ Exp. Date _____

EDUCATION

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____ Major: _____

From: _____ To: _____ Did you graduate? YES NO Cert/Diploma: _____

Other: _____ Address: _____ Major: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

REFERENCES

Please list three professional or Academic references.

1. Full Name: _____ Relationship: _____
 Company or School: _____ Phone: _____

Background Check – An internship on the BuildLACCD program is contingent upon satisfactory completion of a background check, which includes a review of criminal records, employment, education, references, and credit checks when required. Once you have been extended an internship and you accept the offer, the background check will be initiated and you will be contacted via email by our background check vendor. However, until you receive confirmation from BuildLACCD that you have successfully completed the background check process, you should not make any plans in reliance on this offer of employment.



2. Full Name: _____ Relationship: _____
 Company or School: _____ Phone: _____

3. Full Name: _____ Relationship: _____
 Company or School: _____ Phone: _____

EMPLOYMENT STATUS

Employed Full-Time (*Indicate schedule*) _____ Part-Time (*Indicate schedule*) _____

Underemployed (*Employed at reduced hours or in an occupation that does not match skill and education level*)

Unemployed (*Please indicate how many weeks unemployed*): _____ Last day of employment: _____

*Complete previous employer information below

Have you collected Unemployment Insurance (UI) within the last 2 years? Yes No

Have you Exhausted Unemployment Insurance (UI) within the last 2 years? Yes No

Are you seeking a full-time or part-time Internship? (*circle one*)

*Company: _____ Phone: _____
 Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

MILITARY SERVICE

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

DISCLAIMER AND SIGNATURE

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

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

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INTEREST IN PROGRAM

In the space below, state your reason for applying to LACCD's Build Internship Program. Include your personal attributes; future educational and career goals; area of study and industry of interest, and what you hope to gain through your participation in the internship program.

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AUTHORIZATION AND RELEASE

The Los Angeles Community College District through its Build-LACCD Program requests your permission to reproduce through printed, audio, visual, or electronic means activities in which you have participated with the Build-LACCD program. Your authorization will enable us to use specially prepared materials to (1) train teachers, staff and/or (2) increase public awareness and promote continuation and improvement of educational programs through the use of mass media, displays, brochures, websites and so forth.

1. _____ 2. _____
Applicant's Name (please print) Birthdate (please print)

3. _____
Parent Name (If under 18 years)

- a. I and/or I am (as parent or guardian), of the above named participant/student full authorize and grant the Los Angeles Community College District (LACCD) and its Build-LACCD and its authorized representatives, the right to print, photograph, record, and edit as desired, the biographical information, name, image, likeness, and/or voice of the above name person on video, film, slide, or any other electronic and printed formats, currently developed, (known as "recordings"), for the purposes stated or related to the above.
- b. I understand and agree that use of such Recordings will be without any compensation to the pupil or the pupil's parent or guardian
- c. I understand and agree that the Los Angeles Community College District and/or its authorized representatives shall have the exclusive right, title, and interest, including copyright, in the Recordings.
- d. I understand and agree that the Los Angeles community College District and/or its authorized representatives shall have the unlimited right to use the Recordings for any purposes stated or related to the above
- e. I hereby release and hold harmless the Los Angeles Community College District and its authorized representatives from any and all actions, claims, damages, costs, or expenses, including attorney's fee, brought by the pupil and/or parent or guardian which relate to or arise out of any use of these Recordings as specified above.

4. _____ 5. _____
APPLICANT SIGNATURE (OR AUTHORIZED GUARDIAN) APPLICANT'S PRINTED NAME

6. _____
(APPLICANT'S ADDRESS (NUMBER, STREET, APARTMENT NO.))

7. _____ CITY STATE ZIP CODE

MY SIGNATURE SHOWS THAT I HAVE READ AND UNDERSTAND THE RELEASE AND I AGREE TO ACCEPT ITS PROVISIONS

OFFICE USE ONLY

8. _____ DATE SIGNED
(AUTHORIZED LACCD PERSONNEL SIGNATURE)

9. _____
COLLEGE

Approved as to form by the office of the General Counsel

This form shall not be amended with written approval of both the Office of the General Counsel and the Office of communications/Public information

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