

INTERNSHIP APPLICATION

To submit your application, click on the green button below and save your completed application as a PDF. Then submit it by email to: studentinterns@build-laccd.org

PLEASE SELECT YOUR COLLEGE LOCATION(S)							
	Los Angeles City College		Los Angeles Trade-Technical College				
	East Los Angeles College		Los Angeles Valley College				
	Los Angeles Harbor College		West Los Angeles College				
	Los Angeles Pierce College		Mission College				
	Los Angeles Southwest College		Other (Specify)				

		APPLICANT IN	NFOR	MATI	ON			
Full Name:	,			Date:				
	Last First				M.I.			
Address:	Street Address					'Apartment/Unit #		
	City				State	ZIP Code		
Phone:	,	E	mail: _					
Date Available:		Last 4 digits of your Social Security Number:						
	List the Career Path	way(s) you are interest	ed in p	oursuin	g in order of impor	tance:		
1		2			3			
Are you a citizen of the United States?		Yes 🗌 No 🗀 I	f "No", a	are you a	uthorized to work in th	ue US? Yes No		
		Green Card# _		ard# _	Exp. Date			
		EDUC <i>I</i>	ATION	I				
High Schoo	l:	Address:_						
From:	To:	Did you graduate?	YES	NO	Diploma:			
College:		Address:			Major:			
From:	To:	Did you graduate?	YES	NO	Cert/Diploma:			
Other:		Address:				<u>Major:</u>		
From:	To:	Did you graduate?	YES	NO	Degree:			
		REFER	ENCE	S				
Please list	three professional or Ac	ademic references.						
1. Full Name:					Relationship	:		
Company o	r School:				Phone:			



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	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 \(\sigma \) No \(\sigma \)							
Are you seeking a full-time or part-time Internship? (circle one)							
*Company:	Dhono:						
Address:	Phone:						
	Starting Salary: \$ Ending Salary: \$						
	To: Reason for Leaving:						
May we contact your	previous supervisor for a reference? YES NO						
	MILITARY SERVICE						
Branch:	From: To:						
	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:						



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.



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.		۷.							
=	Applicant's Name (please print)		Birthdate (please print)						
3.									
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								
h	developed, (known as "recordings"), for the purpose								
b	I understand and agree that use of such Recordings parent or guardian	s will be without any co	ompensation to the pupil of the pupil's						
С	I understand and agree that the Los Angeles Comm								
	shall have the exclusive right, title, and interest, incl								
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								
е	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		Approved as to form by the office of the						
8.			General Counsel						
0.	(AUTHORIZED LACCD PERSONNEL SIGNATURE)	DATE SIGNED	This form shall not be amended with written approval of both the Office of the General						
0			Counsel and the Office of communications/Public information						
9.	COLLEGE		COMMUNICATIONS/PUDIIC IMOMINATION						