SANTA CLARA COUNTY PROBATION DEPARTMENT
INTERN APPLICATION FORM

PLEASE WRITE CLEARLY ON THIS FORM TODAY'S DATE: _____

_____ _____
NAME (Last, First, Middle) Known by any other name?

_____
MAILING ADDRESS (Number, Street, City and Zip Code)

_____ _____ _____
Date of Birth Driver's License Number State That Issued License

_____ _____
NAME OF AUTO INSURANCE COMPANY AUTO INSURANCE POLICY NUMBER

_____ (___)_____ (___)_____
SOCIAL SECURITY # HOME TELEPHONE NUMBER WORK TELEPHONE NUMBER

(___)_____ _____
CELL PHONE NUMBER EMAIL ADDRESS

_____
NAME/ADDRESS/TELEPHONE NUMBER/RELATION OF PERSON TO NOTIFY IN EMERGENCY

SCHOOL INFORMATION

_____ _____ (___)_____
PRESENTLY ATTENDING NAME OF ADVISOR ADVISOR'S PHONE #

_____ _____
ADVISOR'S EMAIL ADDRESS MAILING ADDRESS OF SCHOOL

_____ _____ _____NUMBER OF UNITS COMPLETED
DATES OF ATTENDANCE MAJOR Semester or Quarter Units? (Circle one)

OTHER COLLEGES ATTENDED: DATES: MAJOR SUBJECTS:

_____ _____ _____

_____ _____ _____

WORK EXPERIENCE AND VOLUNTEER SERVICE
Please list your employment and volunteer work for the past five years. Include your job title, a brief description of the work, location, dates of employment, hours worked per week and reason for leaving. ( ) Check here if you have no prior work or volunteer experience. Use additional page if necessary.

List organizations of which you are a member and any special training, skills, and/or certificates that you will be able to use as an intern:_____
____

_____
____

Languages spoken other than English:
_____

Give three local references (no relatives). Advise them that they will be contacted at their home or work. You may be required to provide additional references.

1. _____ _____
_____
NAME RELATIONSHIP HOW LONG KNOWN

_____ _____
_____
ADDRESS HOME TELEPHONE WORK TELEPHONE

2. _____ _____
_____
NAME RELATIONSHIP HOW LONG KNOWN

_____ _____
_____
ADDRESS HOME TELEPHONE WORK TELEPHONE

How did you hear about this program and why do you wish to be an intern? :
_____

_____
_____
_____
_____
_____
_____.

Number of hours available per week: ( ) 4-8 ( ) 8-12 ( ) 12-20 ( ) 20+
Days of the week you are available: _____

Hours during the day you are available. _____

I CERTIFY THAT ALL THE STATEMENTS MADE ON THIS APPLICATION FORM ARE TRUE, COMPLETE AND CORRECT AND THAT ANY FALSIFICATIONS, MISREPRESENTATIONS, OR OMMISIONS WILL BE GROUNDS FOR REJECTION AS AN INTERN.

_____ _____
SIGNATURE OF APPLICANT DATE