

## CITY OF LAKE WORTH, TEXAS Application for Internship

**PRINT IN BLACK INK OR TYPE**. Fill out application completely, if questions are not applicable, enter 'N/A'. Do not leave questions blank. Be sure to sign when completed.

	I			1	
Last Name	First Name		Middle	Social Security N	umber
I		1	I	I	I
Street Address		Apartment #	City	State	Zip
	1				
Phone #	E-Mail address				
Have you ever been	employed by the City of Lal	ke Worth?	Yes 🗌 No		
If yes, show title of p	osition held, department and	d period of em	ployment:		
Are you related to an	ny employee of the City of La	ake Worth, Cit	y Council, or any	other Board or Commiss	ion member?
🗌 Yes 🗌 No. If ye	s, list person and relationsh	ip:			

EDUCATION AND TRAINING		
Name of High School:	City and State:	Are you a high school graduate?
Name of Technical/Trade School:	City and State:	Did you Graduate from Technical school? Yes Do
Name of College or University:	City and State:	Did you Graduate from college?
Note Degrees and Types:		Total College Hours:
Other Training Received:		

MILITARY Have you ever served in the U.S. Armed Forces?  Yes  No. If yes, specify branch:						
Dates of Active Duty: From To Rank at Discharge Type of Discharge:						
DRIVING AND CONVICTION RECORD						
Driver License Number:	State: Type:	Expiration Date:				
Have you been found guilty of any movi	ng violations within the past 3 years? $\Box$					
If yes, complete the following:	I	1				
Charge	Date	Location				
Have you ever been convicted of an offense other than a moving violation? Yes No. (An arrest or conviction of a crime will not automatically exclude you from employment, however omission of information will.) If yes, complete the following:						
Charge	Date	Location				
KNOWLEDGE AND SKILLS						
List your computer skills and software a	polication experience:					
List your computer skills and software application experience:						
List machines or equipment you have of	perated:					
Special licenses or registrations:						
List any additional technical skills or professional knowledge that would support your application:						
REFERENCES						

List at least 3 people who are not related to you who would have knowledge of your qualifications for this position, such as former co-workers, teachers, etc.

Name	City/State	Telephone Number	Business or Occupation		

## **EMPLOYMENT HISTORY**

Start with your current or most recent position. Include any military experience and account for all periods of employment and unemployment. Employer addresses must be complete mailing addresses, including city, state, and zip code. This page may be copied if additional space is needed. May we contact your present employer?  $\Box$ Yes  $\Box$ No  $\Box$ N/A

Employer:	Start Date			End Date				
	Month	Day	Year	Month	Day	Year		
Address, City, State, & Zip:		Position/Title:						
Employer's Phone Number:		Current/Final Salary or Wages:						
Immediate Supervisor's Name:		Reason for Leaving:						
Summary of Duties								
Employer		Stort Do	to		End Do	to		
Employer:	Start Date		End Date					
	Month	Day	Year	Month	Day	Year		
Address, City, State, & Zip:	Position/Title:							
Employer's Phone Number:	Final Salary or Wages:							
Immediate Supervisor's Name:	Reason for Leaving:							
Summary of Duties								
Employer:	Start Date End D			End Da	ite			
r - 7 -	Month	Day	Year	Month	Day	Year		
Address, City, State, & Zip: Position/Title:			1	1				
Employer's Phone Number: Final Salary or Wages:								
mmediate Supervisor's Name: Reason for Leaving:								
Summary of Duties								
Employer:	Start Date End Date					uto.		
Linhover.	Month		Year	Month		Year		
	wonth	Day	rear	Month	Day	rear		
Address, City, State, & Zip:	Position/Title:							
Employer's Phone Number:	Final Salary or Wages:							
Immediate Supervisor's Name:	Reason for Leaving:							
Summary of Duties								

## PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED.

1. I certify that my answers to the questions on my application for internship with the City of Lake Worth are true and complete to the best of my knowledge. Furthermore, I understand that any future internship is subject to termination if any of the above information is found to be false or inaccurate, regardless of the time that elapses before such false information is discovered.

2. I understand that an investigative report will be made and hereby authorize all persons, schools, companies, and consumer reporting agencies and other organizations to supply information concerning my background/previous employment and I release all such parties from all liability from any damages which may result from furnishing such information to the City of Lake Worth.

5. I understand that I have a right to disclosure of such information reported, as provided for by law. I understand and accept the conditions of this statement.

6. I understand that I am applying for a temporary, non-benefit eligible, unpaid, internship.

Signature of Applicant

Date