VANDENBERG VILLAGE COMMUNITY SERVICES DISTRICT

3745 Constellation Road • Vandenberg Village • Lompoc, CA 93436 Telephone: (805) 733-2475 • Fax: (805) 733-2109



INTERNSHIP APPLICATION

Internship Applied For						
Administration		Operations	Date of Application			
Last N	Name	First	Middle			
Address	Number and Stree	et	City/State/Zip			
Telephone Number(s) H	ome	Cellular	Email Address			
Do you have a valid Drive	r's License?	Yes No State	Class			
Current School Cabrillo High School Maple High School Allan Hancock College						
Current GPA	current GPA Anticipated Graduation Date					
Emergency Contact Information Name Relationship						
Telephone Number(s) H	ome	Cellular	Work			
Internship Interest Why do you wish to serve as an intern with Vandenberg Village Community Services District?						

References

Please list names and addresses of three people that we may contact who have knowledge of your job skills, experience, education, and ability.

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Name	Address	Daytime Phone Number	Business or Occupation		
Additional Comments					
Declaration					
I understand and hereby acknowledge that any internship with Vandenberg Village Community Services District is unpaid and is of an "at will" nature, which means that I may resign at any time and Vandenberg Village Community Services District may discharge me at any time with or without cause. I also understand that this "at will" internship relationship may not be changed by any written document or by conduct, unless change is specifically acknowledged in writing by an authorized executive of Vandenberg Village Community Services District and that permanent employment is not guaranteed.					
Applicant Certification: PLEASE READ BEFORE SIGNING . I DECLARE under penalty of perjury under the laws of the State of California that the statements made by me in this application are true, complete, and correct. I understand that statements made are subject to verification and that any misrepresentation, fraud, or omission of material may be grounds to deny District internship or forfeiture of my internship position.					
Signature of Applicant					
Date					
Signature of Parent or Guardian					
Date					