

# ENCINA WASTEWATER AUTHORITY INTERN PROGRAM

## INTERNSHIP APPLICATION (Please fill out completely.)

EWA considers applicants without regard to race, color, religion, creed, sex, national origin, ancestry, age, marital status, sexual orientation, veteran status, physical or mental disability, medical condition, or any other legally protected status.

<b>PERSONAL</b>	Date of Application	
Last Name	First	Middle
Street Address		
City	State	Zip
Home Phone	Business Phone	
Cell Phone	E-mail Address:	

<b>EDUCATION</b>				
Name Schools Attended	Location (Street, City, ST)	Major	Did You Graduate?	Certificate/ Diploma/Degree
High School/GED			Yes <input type="checkbox"/> No <input type="checkbox"/> If no, # units completed:	
College/University			Yes <input type="checkbox"/> No <input type="checkbox"/> If no, # units completed:	
Trade/Technical			Yes <input type="checkbox"/> No <input type="checkbox"/> If no, # units completed:	

**SPECIAL TRAINING, SKILLS AND QUALIFICATIONS** (Attach addition sheet, if needed). Please list: Water or wastewater courses completed; water or wastewater courses currently enrolled in; Computer software and other skills; Special license(s) and /or certifications; Special training and qualifications.

Last Name: \_\_\_\_\_

**PREVIOUS EMPLOYMENT**

1. Employer	Job Title	Dates Employed	
		From (mo./yr.)	To (mo./yr.)
Address:			
Supervisor:		Telephone Number:	
Reason(s) you left or your desire to leave this job:			
Work Performed:			

2. Employer	Job Title	Dates Employed	
		From (mo./yr.)	To (mo./yr.)
Address:			
Supervisor:		Telephone Number:	
Reason(s) you left or your desire to leave this job:			
Work Performed:			

3. Employer	Job Title	Dates Employed	
		From (mo./yr.)	To (mo./yr.)
Address:			
Supervisor:		Telephone Number:	
Reason(s) you left or your desire to leave this job:			
Work Performed:			

Last Name: \_\_\_\_\_

**CERTIFICATION**

**THE INFORMATION PROVIDED IN THIS APPLICATION FOR INTERNSHIP IS TRUE, CORRECT, AND COMPLETE. I UNDERSTAND THAT, IF SELECTED, ANY MISSTATEMENT OR OMISSION OF FACT ON THIS APPLICATION MAY RESULT IN MY DISMISSAL.**

**I AM WILLING TO UNDERGO A CRIMINAL BACKGROUND CHECK, DMV RECORDS CHECK, PHYSICALS, AND/OR DRUG TESTS, AS CONDITIONS OF PARTICIPATION IN THE INTERNSHIP PROGRAM.**

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Signature

Date