

CARMEL AREA WASTEWATER DISTRICT INTERN/STUDENT WORKER APPLICATION FORM

Please print and provide all the information below.
Students ages 16-17 must obtain a student work permit.

Student's Name:			Date Application Received		
School Name:		Student's Signature:			
Home Address:			City/Zip Code:		
Home Phone Number:		Cell Phone Number:			
E-mail Address:					
Position being applied for:					
List the start date and end dates you are available:					
List the days and times you are available: (Not to exceed 3 hours a day)					
Monday <input type="checkbox"/> Time:	Tuesday <input type="checkbox"/> Time:	Wednesday <input type="checkbox"/> Time:	Thursday <input type="checkbox"/> Time:	Friday <input type="checkbox"/> Time:	Saturday <input type="checkbox"/> Time:
Are you enrolled in a Career Technical Education Pathway? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please describe.					

Describe any student organizations, job experiences, additional course work (undergraduate or graduate), skills, degrees, certifications, or licenses that you have that will help you with this internship.

Name of Organization/Group	Role (Member, President, Committee, Volunteer)	Dates of Involvement

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School Name:	Student's ID Number (if applicable):

What is your current student status?					
Freshman <input type="checkbox"/>	Sophomore <input type="checkbox"/>	Junior <input type="checkbox"/>	Senior <input type="checkbox"/>	In College <input type="checkbox"/>	Other Describe below.
Expected graduation Month/Year:					
Describe your <u>career goals</u> and how this work experience will help you reach those goals.					
Describe your <u>personal goals</u> you hope to accomplish during your assignment.					
Describe your <u>professional goals</u> you hope to accomplish during your assignment. List your goals and new skills you want to learn.					

Parent/ Legal Guardian Name:	
Phone:	Email:
Preferred Method of Contact: Phone <input type="checkbox"/> Email <input type="checkbox"/>	
Address	City/Zip

For Office Use Only	Internship	Volunteer/ Service-Learning Hours	Staff Initials:	Date:
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Student's Name:	Date Application Received:
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Student Assignment Information

Student Intern Place of Assignment (Department Name):	
Department Phone:	*Student Signature:
Start Date: ___/___/___ End Date: ___/___/___	
Student Title:	
Student Dress Code:	
Work Supervisor:	Phone:
Supervisor Title:	Email:
Other Notes:	

Student Work Schedule					
Monday <input type="checkbox"/>	Tuesday <input type="checkbox"/>	Wednesday <input type="checkbox"/>	Thursday <input type="checkbox"/>	Friday <input type="checkbox"/>	Saturday <input type="checkbox"/>
Time:	Time:	Time:	Time:	Time:	Time:

Total hours per week: _____

Can you perform any or all of the job functions for the position you are seeking, either with or without reasonable accommodation? Yes or No

If no, describe the functions that cannot be performed.

(Note: CAWD and CUSD comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/students to perform assignments.)

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Student's Name:	Date Application Received:
School Name:	Student's ID Number (if applicable):

Carmel Area Wastewater District	Carmel Unified School District
<u>Contact Information</u> Edward Waggoner Operations Superintendent <i>Internship Coordinator</i> waggoner@cawd.org Office: 831-257-0437	<u>Contact Information for Director of College and Career Readiness</u> Ivonne Glenn, Ph.D. 4380 Carmel Valley Road Carmel-By-The-Sea, CA 93923 iglenn@carmelunified.org Office: 831-624-1546 extension 2023

- ✓ Provide copy to Student
- ✓ Provide copy to School Site Coordinator
- ✓ Provide copy to Work Supervisor

For Office Use Only	Internship	Volunteer/ Service-Learning Hours	Staff Initials:	Date:
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