

## Supplemental Internship Form



Instructions: Complete the supplemental internship form by typing your responses in the form fields provided below. Please attach this document with your cover letter, resume, and unofficial college transcripts when applying for an internship with the County of Orange.

- **Intern Position Title:**
- **Computer Skills:**
- **Current GPA:**
- **Expected Graduation Date (if applicable):**
- **Number of hours you can schedule each week:**
- **Approximate date you can start the internship:**
- **Preferred duration of internship:**
- **Classes taken that relate to internship position:**
- **Days you are available to schedule internship hours (Select all that apply):**

Day of Week	Times Available
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

**Form continues onto next page**



- Are you an international student?

YES                      NO

- I acknowledge the commute/distance to the internship work site is feasible

YES

- Are you planning to receive academic credit through your college/university?\*(Earning academic credit is not a requirement of the intern position)

YES                      NO

\* Unless you attend the following schools: CSUF, CSULB, CSUDH, Chapman University, or UCI School of Ecology, please provide copies of any documents (MOUs, agreements, forms, etc.) that your college or university requires the placement-site supervisor to sign and/or complete if you have selected "YES"

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- *In conjunction with the passage of Assembly Bill 2830 by the California State Legislature, specific individuals may qualify for hiring preference when applying for an internship position. Individuals who are, or have been, a dependent child in foster care, a homeless youth, or a formerly incarcerated youth as defined by Government Code section 31000.11 are encouraged to apply and will be given priority in the hiring process. Please note that prior to appointment, individuals claiming preference under one of these categories may be required to furnish documentation establishing their eligibility.*

**By initialing this form below in the space provided, I acknowledge that I am a member of one of the above mentioned disadvantaged groups under Government Code 31000.11**

Sign or Type your initials in the box if Government Code Section 31000.11 applies to you:

(Leave this section blank if the above does not apply to you)