COUNTY OF SONOMA
INTERNSHIP PROGRAM

Return Application to:
Sonoma County Water Agency
404 Aviation Blvd.
Santa Rosa, CA 95403
Attention: Water Education Program

fax: 707 528-2080

INTERNSHIP APPLICATION

(Please print clearly on front and back)

Date:

OFFICE USE ONLY
Referred to: Job Status
1.
2.
3.

Intern area of interest:

First Name Last Name

Home Phone: Work Phone: Best Time to Reach You:

Address City State Zip Code

EDUCATION

School now attending: **Major:**

High School	Circle last year completed: 1 2 3 4	School	Major:
College	Circle last year completed: 1 2 3 4	School	Major:
Graduate School	Circle last year completed: 1 2 3 4	School	Major:
Vocational School	Circle last year completed: 1 2 3 4	School	Major:

MAJOR OR MOST RECENT WORK EXPERIENCE

Company/Organization/Agency	Job Title/Duties	How Long?
Current position:		
Work History:		

RELEVANT COURSE WORK

AREAS OF INTEREST OR HOBBIES (Tell us what you enjoy doing)

Intern Contact Log Page # Date Recorded: / / Interviewer's Initials: