## The County of Monterey Internship Program County Administrative Office / Human Resources



County Administrative Office / Human Resources 168 W. Alisal St., Salinas, CA 93901 Ph: (831) 796-3375 Fax: 796-8564



intern@co.monterey.ca.us ~~ www.co.monterey.ca.us/intern

## INTERN APPLICATION

1. Internship Title or Area of Interest: Administrated Today's Date: 14.10.2015	rative Internship at the Mon	terey County As	ssessor	Department				
4. Last Name: Cammerer	Jannicka		Middle Initial:					
5. Mailing Address:	City:		Sta	te:	Zip:			
6. Home Telephone: ( ) -	Work Telephone:		E-mail Address:					
7. Driver's License Number:	Class:	Expiration:			State:			
8. Are you able to produce documents that verify your right to work in the United States?  Persons under age 18 must be able to produce a valid work permit upon employment.								
9. a) Are you currently a member or retiree of the Public Employees' Retirement System?  b) Have you ever participated in the Public Employees' Retirement System?  Yes  No  No						=		
10. Are you currently or have you ever been employed by Monterey County?  If Yes, please indicate:  Dates:  Position:  Yes  No						o		
Department: Name(s) at time of employment:								
11. Do you have any relatives employed by Monterey County?  (There may be limitations on the employment of Father, Mother, Brother, Sister, Wife, Husband, and Child. Each case is considered separately for potential conflict of interest)  If Yes, please indicate:								
Name:	Department: Relationship:							
Name:	Department:			Relationship:				
12. What type of work will you accept? (Check a Type of Hire: ☑ Unpaid Hours Worked: ☑ Full Time Availability: ☑ Short Term	all that apply.)  Paid  Part Time  Ongoing	☐ Either ☐ On-Call ☐ Summer (	Only	☐ Yes ☐ N  If so, how ma	ny hours do yo	r licensing credit?  nu need? 35  able? 15.01.2016		
15. Have you ever been convicted of a felony or misdemeanor?  This information will be reviewed for job relatedness. Please list all convictions <b>except</b> : those which have been sealed, expunged or statutorily eradicated, or pursuant to Labor Code 432.8, any convictions of marijuana-related offenses more than two years old. Use an additional sheet of paper if necessary.  If Yes, indicate:								
Date: Charge:								
Location: Action Taken:								
16. Locations where you are willing to work: (Check all that apply.)  □ Salinas □ North County □ Big Sur Coast □ Monterey Peninsula □ King City/South County								

17. Second Language Skills: If you have no second language, skip this question and go to question 18 on the next page. Please indicate your level of skill in the following languages (other than English) by selecting the appropriate letter code in front of the language. CHOOSE ONLY ONE NUMBER CODE PER LANGUAGE.									
Letter Codes: 1 = I can carry on a conversation freely but cannot read/write.  2 = I can carry on a conversation and can read/write.  American Sign Language Basic Advanced						dvanced			
Choose appropriate box	Choose appropriate box below:  1 2 Spanish 1 2 Tagalog 1 2 Vietnamese 1 2 Japanese 1 2 Mixteco 1 2 Chinese-Mandarin						Mandarin		
1	□1 □2 Tag	· ·		12 Japane 12 Triqui		2 Oaxacan	_	<del></del>	Specify): <u>German</u>
	12 K0i	iean 🔲 i 🔲 i	2 Cambodian [				1	M2 Other (S	specify). <u>German</u>
Student Applicant Name: Internship Title: Administrative Inter  18. EDUCATION AND TRAINING SUMMARY									
Colleges, Vocational, or Technical Schools  Major/Minor/C			Concentration Expec Date Comple				Type of Degree/Certificate Awarded		
University of Applied Sciences Public		Public Adı			May 20		Bachelor of Arts		
, 11									
Licenses and Certificates (State, Professional, Nursing, Trade, etc. which are required for this position.)									
	Description	n		Issued by			Number		Expiration Date
19. KNOWLEDGE, SI	KILLS, AND	ABILITIES	(check all that	apply)					
MS Word □ Basic ⊠	Advanced	Access 🛛 B	Basic 🗌 Advan	ced PowerP	oint 🗌 Ba	sic 🛮 Advan	ced	Internet [	☐ Basic ☐ Advanced
Excel Basic 🗵	Advanced	Other							
20. EMPLOYMENT I	IISTORY B	egin with your p	present or most re-	cent job, interns	nip, volunte	er work, and/	or mil	itary experienc	e.
Date and Salary Information Employer Information				Occupation and Description of Duties					
From: 9/1/13 Employer:			Job Title: Administrative Internship						
To: 2/28/14	Address:		Your Duties:						
(Mo/Day/Year)	Telephone:	Telephone:		I gained experience in different departments: Office of Gerneral Organisation					
Monthly Salary: \$	Monthly Salary: \$ Supervisor's Name:		Local Finanical Authority Citizen Affairs Office						
Hours Per Week: 40 Supervisor's Title:			Building Inspection Office						
May We Contact? Yes No Reason for Leaving:			Among other things I had to do differend researches, took part in various projects an had written communication with citizens						
Employer			Job Title: Voluntary Year of Social Service						
From: 9/1/12	Address: Telephone:		Your Duties: Blaues Kreuz is a holiday home where seminars and events take place. I was part of the service team and worked in the kitchen. We prepared breakfast, lunch and dinner for						
To: 8/31/13 (Mo/Day/Year)									
Monthly Salary: \$	Supervisor's N	lame:	groups up to 100 members, organized special events and were contact person for guests.				were contact person for the		
Hours Per Week: 38	Supervisor's Title:			8					
May We Contact? Yes No									
Reason for Leaving:	Emmloyon			Job Title:					
From: / / Employer:		Your Duties:							
To: / / (Mo/Day/Year)	Address:			Tour Duties:					
(mo/Duy/Teur)	Telephone:								
Monthly Salary: \$	Supervisor's Name: Supervisor's Title:								
Hours Per Week:	-		$\bigcap$ No						
May We Contact?   Yes   No   Reason for Leaving:									

<sup>21.</sup> I understand and acknowledge that if I should be offered an internship with Monterey County, I may be required to successfully pass a pre-employment drug test and a background investigation as a condition of my internship with the County; and I understand that an internship offers work experience with no

benefits or guarantee of permanent employment with the County; and I understand that interns are "at will," temporary employees (whether paid or unpaid) who may be terminated without cause; and I hereby certify that all information or omission of any material fact on this application is true to the best of my knowledge and understand that falsification of information on this application may lead to ineligibility or termination from my internship.

Signature of Student Applicant:Date:					
EMERGENCY CONTACT INFORMATION (Optional)					
Name:		Relationship to Student:			
Phone:	Alternate Phone:	Address:			