



**Tahoe City Public Utility District**  
**P. O. Box 5249**  
**Tahoe City, California 96145**  
**Ph. (530) 583-3440**  
**Fax (530) 583-1475**

## APPLICATION FOR INTERNSHIP

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### NOTICE TO INTERN

The Tahoe City Public Utility District (TCPUD) considers Internship Applicants without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a mental or physical disability, or any other legally protected status.

### INSTRUCTIONS

- Please print or type and sign the application. The application is not valid unless signed.
- All questions on this application must be completed.
- Please attach a cover letter and resume along with Student Internship Program Details from your College.
- Deliver application to TCPUD at 221 Fairway Dr., Tahoe City, CA; mail to PO Box 5249, Tahoe City, CA 96145; fax to 530-583-1475; or email to dspringsteel@tcpud.org.

Applicant Name \_\_\_\_\_  
*First Name, Middle Name, Last Name*

Address \_\_\_\_\_  
*PO Box/Street Address, City, State, Zip*

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

How did you hear about this Internship?

- College Advisor                       College Boards                       TCPUD Website  
 CPRS     TCPUD Staff Presentation                       Other \_\_\_\_\_  
 Word of Mouth (please let us know who) \_\_\_\_\_

Do you have any relatives employed by the TCPUD?                       Yes                       No  
 If yes, state name of relative in space below.

Have you ever filed an application with the TCPUD before?                       Yes                       No  
 If yes, provide date in space below.

Have you previously been employed by or interned with the TCPUD?                       Yes                       No  
 If yes, state dates of employment and position(s) held in space below.

If currently employed, may we contact your present employer?  
 Yes                       No                       Not Applicable

Explanatory Information for Above:

Driver's License Number, Class and State of Issuance \_\_\_\_\_

Date available to begin Internship \_\_\_\_\_ Minimum weekly hours acceptable \_\_\_\_\_

Availability of hours (per Internship Manual, 40 hour minimum required): \_\_\_\_\_

Please list your College Advisor Contact information:

Name                                      Mailing Address                                      Phone No.                                      Email

<b>EDUCATION</b>	<b>Undergraduate College/University</b>	<b>Graduate/Professional (if applicable)</b>
School Name and Location		
Highest Year Completed	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
Describe Course of Study.		
Describe any specialized training, apprenticeship, skills and extracurricular activities.		
Describe any honors or degrees you have received.		
State any additional information you feel may be helpful to us in considering your application.		

List your goals during this Internship. How do they contribute to your future career?

Please indicate level of proficiency with these computer programs.

N = novice, C = competent, A = advanced, E = expert.

Excel                      Word                      PowerPoint                      Publisher                      Outlook  
Adobe Acrobat              Access                      Windows                      Laserfiche                      VUEWorks  
ActiveNet                      Web Development Software \_\_\_\_\_  
Other recreation registration-specific software (please specify) \_\_\_\_\_  
Other (please specify) \_\_\_\_\_

Please list all previous employment in the last ten years, starting with your current or most recent job. Include military service assignments. Attach additional sheets as necessary. Explain any time lapses.

<b>CURRENT/MOST RECENT</b> Employer Name	
Address and Phone Number	
Direct Supervisor's Name	
Title and Duties of Position	
Employed from Mo/Yr to Mo/Yr	
Reason for Leaving or Still Employed	

Employer Name	
Address and Phone Number	
Direct Supervisor's Name	
Title and Duties of Position	
Employed from Mo/Yr to Mo/Yr	
Reason for Leaving or Still Employed	

Employer Name	
Address and Phone Number	
Direct Supervisor's Name	
Title and Duties of Position	
Employed from Mo/Yr to Mo/Yr	
Reason for Leaving or Still Employed	

Summarize special Internship-related skills and qualifications acquired from employment or other experience.

I hereby certify that all statements made in this application are true and complete to the best of my knowledge and belief. I hereby authorize the Tahoe City Public Utility District to investigate any information I have given herein, with the understanding that omission or misrepresentation of facts may be grounds for rejection of the application. I further understand that I will be fingerprinted and be subject to DMV reporting at no cost to me prior to appointment to an Internship.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

*Application is not valid unless signed.*