



# Internship Application

Please print clearly

An internship position offers you the opportunity to work in a skilled or professional level assignment in the area of your vocational or academic major. It is an opportunity for you to use the education and training you have and to develop additional career-related experience. To determine whether or not you are ready for an internship, please complete this questionnaire.

- 1. Have you declared a major?  YES  NO
- 2. Do you have a career goal?  YES  NO
- 3. Are you currently enrolled in classes in your major?  YES  NO
- 4. Have you taken classes related to your major?  YES  NO
- 5. Do you have a 2.5 GPA or above?  YES  NO
- 6. Are you a highly motivated, goal-oriented self-directed person?  YES  NO
- 7. Do you have 4-20 hours per week for at least one quarter to devote to an intern position?  YES  NO

IF MOST OF YOUR ANSWERS ARE YES, you are an internship candidate. Please complete this application and call extension 703 to schedule an interview with the Instructor. You must bring an unofficial copy of your transcripts and a resume to the interview. Apply and interview at least one month ahead of the quarter you are pursuing. IF MOST OF YOUR ANSWERS WERE NO, it's not the right time for you to participate in the Internship Program. We encourage you to set a career goal and take the appropriate classes.

QUARTER APPLYING:  Fall  Winter  Spring  Summer YEAR \_\_\_\_\_ DATE \_\_\_\_\_

Student's Last Name First Name Date of Birth

Student's Mailing Address City Zip Phone

Student's Email Address

Emergency Contact Phone Relationship

I am interested in an Internship in the following career type: \_\_\_\_\_

I am interested in an Internship with (state your choices of Community Partner worksite in priority order—refer to opportunities document located online):

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_



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Are you a Veteran?  YES  NO

Are you a U.S. Citizen?  YES  NO

Are you currently enrolled in any of the following programs? Please check all that apply.

Disabled Services    EOPS    Financial Aid    VA    Tutoring    Athletics

EMPLOYMENT HISTORY: (Be sure to include details about any work or volunteer experience in your career field)

From / To	Company / Location	Job Title and Duties	PT / FT Temp	Reason for Leaving

What is your declared major at LTCC? \_\_\_\_\_ What is your current GPA? \_\_\_\_\_

Do you plan to transfer?  YES  NO If yes, what will your transfer major be? \_\_\_\_\_

To which college(s) are you planning to apply? \_\_\_\_\_

What is your long term career goal? \_\_\_\_\_

Please indicate the classes in which you are currently enrolled:

Class	Units	Class	Units
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please indicate the classes you have taken or are currently taking which relate to your major and/or career goal.

Classes	School or Institution
_____	_____
_____	_____
_____	_____

If you are currently working, how many hours per week do you work and what is your work schedule?

Hours/Week \_\_\_\_\_ Work schedule (days & times) \_\_\_\_\_



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Please indicate any extracurricular activities in which you are involved on a weekly basis and the days and times of those commitments:

Activity	Days/Time
_____	_____
_____	_____

Why do you want to be a student intern? \_\_\_\_\_

Are you willing to accept an internship if it does not offer any type of pay (most are non-paid)?  YES  NO

Is this your first quarter in the Internship Program?  YES  NO If no, how many Internship units (including Work Experience units) have you completed? \_\_\_\_\_

How did you hear about the Internship Program?

- |   |   |                                      |
|---|---|--------------------------------------|
| <input type="checkbox"/> LTCC Schedule of Classes | <input type="checkbox"/> Friend                       | <input type="checkbox"/> Orientation |
| <input type="checkbox"/> LTCC Catalog             | <input type="checkbox"/> Counselors                   | <input type="checkbox"/> Employer    |
| <input type="checkbox"/> Class Presentation       | <input type="checkbox"/> Other (please specify) _____ |                                      |

I certify that the above information is true. I understand that Lake Tahoe Community College may need to discuss my enrollment and provide information to employers involved with the Internship/Work experience program. I also understand that my employer(s) will report information about my performance to LTCC. By signing below, I authorize Lake Tahoe Community College and my employer to release this information.

\_\_\_\_\_  
Student's signature Date

Please attach a copy of your academic transcript(s) and a resume with this application.  
For more information and to make an appointment with instructor, Amber Goligoski, please contact the Work Experience and Internship Department at 530-541-4660 extension 703. You can also email [workexp@ltcc.edu](mailto:workexp@ltcc.edu).

Thank you,

**Amber Goligoski**  
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