



## Student Application for Internship/Fellowship Program

### Applicant Information

The City of Laredo considers applicants for all positions without regard to race, color, religion, sex (including pregnancy, gender identity, and sexual orientation), national origin, age, disability, genetic orientation, or any other legally protected status. The City of Laredo is an Equal Employment Opportunity/Affirmative Action Employer and complies with the Americans with Disabilities Act.

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit#*

\_\_\_\_\_ *City State Zip Code*

Telephone: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Alternate Phone No.: (\_\_\_\_) \_\_\_\_\_

Citizenship Status (Check One):  U.S.  Permanent Resident  Student Visa Type: \_\_\_\_\_

Program you are applying for:  Internship  Fellowship

Date Available to Start Internship/Fellowship Program: \_\_\_\_\_

Approximately how many hours per week can you work? \_\_\_\_\_

### Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate?  Yes  No Diploma \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Classification: \_\_\_\_\_

Number of college hours earned to date: \_\_\_\_\_

Cumulative Grade Point Average: \_\_\_\_\_

Expected Graduation Date: \_\_\_\_\_



**Work Experience (Include Paid, non-Paid, and Volunteer)**

Company: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Job Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
(Start Date) (End Date)

Responsibilities: \_\_\_\_\_

Salary: \$ \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference?  Yes  No

Company: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Job Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
(Start Date) (End Date)

Responsibilities: \_\_\_\_\_

Salary: \$ \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference?  Yes  No

Company: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Job Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
(Start Date) (End Date)

Responsibilities: \_\_\_\_\_

Salary: \$ \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference?  Yes  No

**Skills/Abilities/Interests**

Computer Skills: (check all that apply)

Microsoft Word  Microsoft Excel  Microsoft PowerPoint  Outlook  Other: \_\_\_\_\_





City of Laredo  
Human Resources  
Department

**For Human Resources Department Use Only:**

Additional page(s)/Resume attached?  Yes  No

Qualified:  Yes  No

No Driver's License  Incomplete  Lacks Experience

Lacks education  Education non-related

Comments: \_\_\_\_\_

\_\_\_\_\_  
H.R. Representative's Name/Signature                      Date