

Cleveland Division of Water SUMMER WORK PROGRAM APPLICATION

1. PERSONAL DATA

Name: _____
Last First Middle

Home Address: _____
Street City State Zip Code

School Address: _____
Street City State Zip Code

Phone Number: home: _____ cell: _____

Email Address: _____ Age- 18yrs. Or over? Yes or No

2. DESIRED INTERNSHIP PLACEMENT

Preference for Placement: Summer Fall Winter/Spring

Choice of Dept: (1) _____
(2) _____
(3) _____

Type of Assignment:
 Part-Time.....10-20 hours per week
 Full-Time.....21-40 hours per week
 Paid Unpaid

3. EDUCATION

Name of Institution: _____ Major: _____
Location: _____ Degree: _____

Class Status: (latest year **completed**) High School Sophomore Junior Senior Graduate---Year: 1st 2nd 3rd

4. REFERENCES

(Do not List Relatives)

(1) Name: _____ Title: _____ Phone No.: _____
Street Address City State Zip Code

(2) Name: _____ Title: _____ Phone No.: _____
Street Address City State Zip Code

(3) Name: _____ Title: _____ Phone No.: _____
Street Address City State Zip Code

5. Skills

List office skills and identify any computer software applications (e.g. WordPerfect, Word, Excel, etc.) that will assist you in your work functions.

6. Honors, Awards And Other Recognition Of Achievement

Type and Date of honor, award, or recognition:

7. Other

Do you have any relatives working at Cleveland Division of Water? Yes No. If yes, please list the name, relationship and department in which the relative(s) work.

1. _____ Relative Name Department 2. _____ Relative Name Department

I hereby declare that the information contained herein is correct and complete to the best of my knowledge.

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Applicant's Signature _____

_____ Date

8. Academic Advisor's Recommendation

The student identified below is applying for an internship with the **Cleveland Division of Water**. Please complete this section as part of the student's application.

Student's Name: _____
Last First Middle

Name of Institution: _____ Major: _____

Expected Graduation Date: _____ Degree: _____

Class Status: High School Sophomore Junior Senior Graduate---Year: 1st 2nd 3rd

Would you recommend this student for an internship? Yes No

Comments: _____

9. Advisor's Signature

_____ Print or Type Advisor's Name

_____ Title

_____ Advisor's Signature

_____ Date

Address: _____
Number and Street Apt./Unit/Suite

_____ City State Zip Code

Phone No.: _____

Email: _____

Please mail completed form to: Cleveland Division of Water
Human Resources Department, 4th Floor
Talent Acquisition and Workforce Planning Team
1201 Lakeside Ave, Cleveland, Ohio 44114

or email forms to: TAWPTeam@ClevelandWater.com