



# Office of Supervisor Leticia Perez

Representing Kern County's Fifth District

1115 Truxtun Avenue, Room 505 | Bakersfield, CA 93301 | (661) 868-3690 | district5@co.kern.ca.us

Applicant Information			
Last Name	First	Date	
Street Address			Apt/Unit
City	State	Zip	
Phone	Cell Phone		
Email address:			

Availability					
Please check quarters/semesters of availability:					
<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Other, please explain: _____					
<i>Please check your general availability</i>	Monday	Tuesday	Wednesday	Thursday	Friday
<i>Morning (approx. 9-1)</i>					
<i>Afternoon (approx. 1-5)</i>					

Areas of Interest			
Please indicate which area interests you:			
<input type="checkbox"/> Community Events	<input type="checkbox"/> County Services	<input type="checkbox"/> Public Safety	<input type="checkbox"/> Planning & Community Development
<input type="checkbox"/> Social Services	<input type="checkbox"/> Animal Services	<input type="checkbox"/> Roads and Transportation	<input type="checkbox"/> Veterans Services <input type="checkbox"/> Senior Citizen Services
<input type="checkbox"/> Public Health	<input type="checkbox"/> County Tourism	<input type="checkbox"/> Other, please explain: _____	

Experience/Education and Skills	
Current employment status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Not Employed	
Current or most recent paid position held	
Are you currently a full-time student? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please indicate school and concentration:
Level <input type="checkbox"/> Freshmen <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate student	Areas of study:
Do you speak any other languages? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list language <input type="checkbox"/> Fluent <input type="checkbox"/> Semi-Fluent <input type="checkbox"/> Basic
Computer Skills/Software Used:	

### Personal Information

Why are you interested in an internship in Supervisor Perez's Office?

What specific experience would you like to gain through this internship?

Describe your long-term career goals:

### Professional References

Name	Relationship and contact info (e-mail and/or phone number)

### Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge. If this application leads to an internship assignment, I understand that false or misleading information in my application may result in my release.*

Signature:

Date: