



Internship Application

INSTRUCTIONS:

Completion of this form is part of the application process for all internships. All requested information must be written on the application form itself. Resumes or attachments may be included, but cannot be substituted for an application form. It is important to answer all questions on the application form fully and accurately.

(PLEASE PRINT)

Date of Application: _____

Name _____ Soc. Sec. No. _____ / _____ / _____
Last First MI

Current address _____

City _____ State _____ Zip _____

Current phone _____ Email _____

Permanent address _____

City _____ State _____ Zip _____

Permanent telephone number (____) _____ E-mail _____

INTERNSHIP INFORMATION

Internship(s) Desired:

1) _____ 2) _____ 3) _____

What is your specific area of interest at the Garden? _____

Starting date you will be available _____ Hours/Days you will be available _____

EDUCATION AND TRAINING

Name of College/University _____

Address _____

Name & phone number of faculty sponsor/Intern program contact _____

Will you receive credit towards graduation for this internship? _____ Level of education _____

Major/Degree _____ Date of completion/graduation _____ G.P.A. _____

School experiences related to desired internship(s) _____

Volunteer experience related to desired internship(s) _____

Do you have computer/word processing experience and capabilities? _____

Work Experience Related To Desired Position:

Employer _____ Dates of employment _____ / _____ / _____ to _____ / _____ / _____

Address _____ Phone (____) _____

Type of business _____

Position held _____ Supervisor's name and position _____

Responsibilities _____

Work Experience Related To Desired Position: continued

Employer _____ Dates of employment ___/___/___ to ___/___/___
Address _____ Phone (___) _____
Type of business _____
Position held _____ Supervisor's name and position _____
Responsibilities _____

Employer _____ Dates of employment ___/___/___ to ___/___/___
Address _____ Phone (___) _____
Type of business _____
Position held _____ Supervisor's name and position _____
Responsibilities _____

PERSONAL INFORMATION

Emergency contact _____
Relationship _____ Emergency Phone (___) _____
Physical limitations for desired position (if any) _____
How did you hear about this internship? _____

REFERENCES: Please supply the names, phone numbers, and addresses of three (3) references:

- 1) Name _____ Phone (___) _____
Address _____
- 2) Name _____ Phone (___) _____
Address _____
- 3) Name _____ Phone (___) _____
Address _____

The following is very important. Please read carefully before signing this application.

I hereby certify that the information set forth in this application is true and complete to the best of my knowledge. I understand that providing false or incomplete information on this form is sufficient cause for cancellation of this application or, if I am employed, subsequently dismissed.

The Santa Barbara Botanic Garden is authorized to make any reasonable investigation of my personal or employment history and, I authorize any former employer, person firm, corporation, credit agency or government agency to give the Garden any relevant information they may have regarding me.

I will not hold Santa Barbara Botanic Garden or any of my previous employers liable in any respect if an employment offer is not forthcoming, is withdrawn, or if my employment is terminated as a result of misrepresentation or omissions of facts on this application. I understand that if I am employed by Santa Barbara Botanic Garden, additional personal data may be required for determination of benefits, statistical purposes, and legal compliance.

I understand that if I am employed by Santa Barbara Botanic Garden, my employment is at will, that I or the organization may terminate the employment relationship at any time, for any reason, with or without notice. I further understand that the at-will nature of my employment relationship with the Garden may not be altered by oral representations, but may only be altered by a written contract executed by the Executive Director.

If I am employed by the Santa Barbara Botanic Garden, I will comply with the Employee Handbook and Garden Policies.

Signature _____ Print name _____ Date ___/___/___

Please return this application to:
Internship Coordinator, Santa Barbara Botanic Garden, 1212 Mission Canyon Rd, Santa Barbara, CA 93105
Phone (805) 682-4726 Ext. 119 FAX (805) 563-0352 E-mail: jobs@sbbg.org