

DC Water and Sewer Authority INTERNSHIP PROGRAM APPLICATION

1 PERSONAL DATA

Name: _____ Social Security No.: _____
Last First Middle

Home Address: _____
Street City State Zip Code

School Address: _____
Street City State Zip Code

Phone Numbers *home*: _____ *school*: _____ *cell*: _____

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

2 DESIRED INTERNSHIP PLACEMENT

Preference for Placement: Summer Year-Round Other _____

Choice of Dept.: **1** _____ Type of Assignment:
2 _____ Part-Time 10–20 hours per week..... Paid Unpaid
3 _____ Full-Time 21–40 hours per week..... Paid Unpaid

3 EDUCATION

You must submit an official sealed transcript from your current educational institution with your application. Identify below the educational institution you are currently attending.

Name of Institution: _____ Major: _____

Location: _____ Degree: _____
(City) (State)

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

4 REFERENCES

(Do not List Relatives)

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

b.) 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 the DC Water and Sewer Authority? Yes No. If yes, please list the name, relationship and department in which the relative(s) work.

1. _____ 2. _____
Relatives Name Department Relatives Name Department

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

Applicant's Signature Date

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8 ACADEMIC ADVISOR'S RECOMMENDATION

The student identified below is applying for an internship with the **DC Water and Sewer Authority**. Please complete this section as part of the student's application. The deadline for submitting this recommendation is **April 15**.

Student's Name: _____
Last First Middle

Name of Institution: _____ Major: _____

Expected Graduation Date: _____ Degree: _____

Class Status: 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: **DC Water and Sewer Authority • Human Resources Training and Development Branch
5000 Overlook Avenue, SW • Washington, DC 20032**