



City of Ocala

INTERN PROGRAM INTEREST FORM

Contact Information:

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Day: (____) _____ Night: (____) _____ Mobile: (____) _____

E-mail Address: _____ Date of Birth: _____

Background

School Presently Attending/Location: _____

Status: Junior Senior

Semester of Interest: Fall 20____ Spring 20____ Summer 20____

Approximate Dates: _____

Expected Graduation: _____ Academy/Program: _____ G.P.A.: _____

How did you hear about us?

Do you have any physical limitation that should be considered when we plan your internship assignment? Yes No If yes, what is your desired accommodation _____

Special Placement Request: (Please circle all the activities that interest you)

Recreation/Parks Programming

Fleet Management

Cultural Arts

Information Technology

Other Interests: _____

Objectives (What are your long-term career goals in your field) _____

Computer Experience:	None	Novice	Intermediate	Advanced
• Microsoft Publisher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Microsoft Word	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Microsoft Excel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Microsoft Power Point	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Adobe In Design	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Adobe Photoshop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Other _____				
• Other _____				

List any special training, licenses, and certificates which you possess that may be helpful during your internship.
