Community Youth Internship Experience – Intern Recruitment and Program Timeline

January/February

- CYIE Committee Chairs meet with LAEP contacts to discuss the recruitment plan for the year, including funding and number of potential interns for recruitment
- LAEP begins publicizing the program with their partner campuses.

March/April

- Internship Applications are distributed to candidates and reviewed by LAEP staff to identify interview candidates.

May

- Internship candidates are invited for interviews
- Final intership candidates are selected

June

- Orientation and Internship Onboarding meeting occurs with interns, LAEP staff, and CYIE Committee members

August

- Debrief meeting with interns, LAEP staff, and CYIE Committee members.
- Exit interview distributed to interns and host sites

APPLICATION FOR EMPLOYMENT

Personal Information

Position(s) Applied For		Date of Application		
Print Name (Last, First, & Middle)				
Street Address		City	State	Zip Code
Main Phone Number	Alternate Phone Number	Email		

General Information

1. Are you at least 16 years old?
   ☐ Yes ☐ No

2. On what date are you available to begin work? _____

3. If hired, would you have a reliable means of transportation to and from work?
   ☐ Yes ☐ No

Education

School Name	Graduation Date (Or Expected Graduation Date)	Please list any Extra-Curricular Activities, AP Courses and/or College Courses you've taken in high school

Please tell us about your interest in the law and your educational or professional plans after high school.

Please list any other experiences, skills, additional languages, or other qualifications that you would like to share.

Employment and/or Volunteer Experience

Name of Employer	Supervisor	May we contact?
		☐ Yes ☐ No
Street Address		
Phone Number	Dates Employed (Month/Year)	
Job Title and Duties	Reason for Leaving	

Name of Employer	Supervisor	May we contact?
		☐ Yes ☐ No
Street Address		
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References

Please list at least 2 references. Your references should be people who know you well and can speak to your strengths such as teachers, coaches, community members, counselors, employers, supervisors and/or mentors.

Name and Title	Relationship and Years Acquainted	Phone Number or Email

Applicant Statement and Agreement

Please read and initial each paragraph below. If there is anything that you do not understand, please ask.

____ I hereby authorize the Company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the prior employers and references I have listed to disclose to the Company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

____ In the event of my employment with the Company, I understand that I am required to comply with all rules and regulations of the Company.

___ If hired, I understand and agree that my employment with the Company is at-will, and that neither I, nor the Company is required to continue the employment relationship for any specific term. I further understand that the Company or I may terminate the employment relationship at any time, with or without cause, and with or without notice. I understand that the at-will status of my employment cannot be amended, modified, or altered in any way by any oral modifications.

____ I understand that safety of employees is extremely important to the Company and that the Company is committed to ensuring a safe working environment. I understand that I, and every employee, have a responsibility to prevent accidents and injuries by observing all safety procedures and guidelines and following the directions of my site supervisor. I understand and agree to comply with federal, state, and local regulations related to on-the-job safety and health.

____ I hereby certify that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

____ I understand that if I am selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration laws require me to complete an I-9 Form in this regard.

____ I understand that if any term, provision, or portion of this Agreement is declared void or unenforceable, it shall be severed and the remainder of this Agreement shall be enforceable.

MY SIGNATURE BELOW ATTESTS TO THE FACT THAT I HAVE READ, UNDERSTAND, AND AGREE TO ALL OF THE ABOVE TERMS.

Signature:

Name (print): **Date:**