

Internship Application Please return to:

Please return to:
Human Resources Department
Pueblo City-County Library District
100 East Abriendo Ave.
Pueblo, CO 81004
719-562-5632



| Name | Address | Phone |
|-------------------------------|----------------------------|---|
| REFERENCES Please list to | hree people (who are not | relatives) |
| | | |
| | | |
| | | |
| | | uter skills, clerical/phone skills, medi munication, literacy skills) |
| | | |
| olacement | | _ |
| Highest level of college comp | | est for internship |
| EDUCATION / TRAINING | | |
| Name of supervisor | | |
| | | |
| | | |
| Name of business | | - Anna |
| Name of supervisor | | Phone |
| | | |
| | | |
| Name of business | | |
| EMPLOYMENT HISTORY | Y (Start with present or m | ost recent) |
| Email address | | |
| Phone (home) | | (cell) |
| City | State | Zip Code |
| Address | | |

| Have you ever been convicted of, or pled guilty to, a felony offense? | | | |
|---|--|--|--|
| Emergency Contact Information: | | | |
| | | | |
| AGREE | MENT | | |
| I certify that the answers contained in this applica knowledge. My internship service is conditional of references, and passing a background check. | | | |
| I understand that the information I have provided proper interest, and I release the Pueblo City-Cousupplying such information. | | | |
| I understand that PCCLD reserves the right to scr volunteer anyone who would jeopardize any aspe and customers. | | | |
| I agree to abide by all Pueblo City-County Librar | y District policies. | | |
| I agree that if I am unable to fulfill a scheduled w supervisor as soon as possible. | ork time for any reason that I will contact my | | |
| Applicant Signature | Date | | |

Applicants are considered for Internship positions without regard to race, religion, sex, age, national origin, disability and other characteristics protected by law.