



Information Technology Division · 555 Santa Clara Street · Vallejo · CA · 94590 · (707) 648-5200

## City of Vallejo Information Technology Division Internship Program

The City of Vallejo provides eligible students and recent college graduates the opportunity to work in the Information Technology (IT) Division, overseen by the Chief Information Officer. The program is designed to provide knowledge, skills and tools that will assist interns in future professional endeavors as well as motivate the interns' interest in serving the public. Students are able to link theory with practice, gain real-world experience and develop specialized skills that cannot be taught in the classroom. The program also provides opportunities for City employees to serve as mentors.

This opportunity will allow students to learn first-hand about the design, implementation, and management of large-scale information technology, as well as public service and the inner workings of City Government. In addition to administrative duties, interns support office staff by aiding in troubleshooting and solving technology issues, deploying hardware and software throughout the city, working with staff to enhance the City's communications tools, and assisting staff on special projects.

### Student Eligibility

- Be currently enrolled in an accredited college or university, or recent graduate (all majors welcome, preference will be given to students in technical majors)
- Must have completed the equivalent of Freshman year
- Commit to an internship term of at least 12 weeks
- Be eligible to work in the United States and consent to a background check
- Possess a willingness to learn, positive attitude and self-motivation

### Program Details

- Paid internships available
- Internships may be eligible for college credit\*
- Schedule can be flexible
- Starting and ending dates will be based upon the needs of the student and department

\*Speak with your college or university's academic advisor or career placement office to determine credit eligibility and requirements.

### To Apply

Complete the City of Vallejo application included with this announcement. Email applications to Andrew Rowland at [ARowland@ci.vallejo.ca.us](mailto:ARowland@ci.vallejo.ca.us) or mail applications to I.T. Division, 555 Santa Clara St, Vallejo CA 94590. Interviews will be scheduled with selected applicants.

Please include resume, a copy of college transcripts and any internship requirements required by the education institution, if applicable. **We are continuously accepting applications.**

If you are interested in the internship and have questions please contact Andrew Rowland, IS Technician II, [ARowland@ci.vallejo.ca.us](mailto:ARowland@ci.vallejo.ca.us) at (707) 648-5200.



**CITY OF VALLEJO**  
**INTERN APPLICATION - IT Division**

( 707 ) 648-5200

MAIL TO: I.T. Division

555 Santa Clara St, VALLEJO, CA 94590

**AN EQUAL OPPORTUNITY EMPLOYER**

*Applications accepted only for open positions. Complete both sides using ink or typewriter. Answer all questions.*

**PERSONAL INFORMATION**

POSITION APPLIED FOR:		TYPE OF EMPLOYMENT DESIRED		<input type="checkbox"/> Full Time
		<input type="checkbox"/> Student Internship	<input type="checkbox"/> Part Time	<input type="checkbox"/> Temporary
NAME (Last, First, Middle)		FORMER LAST NAME		
		DO YOU POSSESS A VALID CA DRIVER LICENSE?		
		Yes <input type="checkbox"/>	License #:	No <input type="checkbox"/>
ADDRESS (Number, Street and Apartment No.)		If offered a position, can you provide documentation establishing your right to work in the United States?		
		Yes <input type="checkbox"/> No <input type="checkbox"/>		
(City, State and Zip Code)		How would you like to receive notification from our office? (choose one)		
		<input type="checkbox"/> e-mail <input type="checkbox"/> regular mail		
HOME PHONE ( )	ALTERNATE PHONE ( )	E-MAIL ADDRESS		
<b>CONVICTIONS:</b> Conviction of a crime is not necessarily a bar to employment. Each case is considered separately based on job requirements. Do not include: (a) any arrest or detention that did not result in conviction; (b) any conviction for which the record has been judicially ordered sealed, expunged, or statutorily eradicated; (c) any misdemeanor conviction for which probation has been successfully completed or otherwise discharged and the case has been judicially dismissed or (d) any arrest for which a pretrial or post-trial diversion program has been successfully completed. Have you ever been convicted of a crime other than a minor traffic violation? Yes <input type="checkbox"/> No <input type="checkbox"/> Have you been arrested for and charged with a crime for which you are currently out on bail or on your own recognizance pending trial? Yes <input type="checkbox"/> No <input type="checkbox"/> If you answered "Yes" to either of the above questions, attach an additional sheet and give (1) date, (2) the charge of offense, (3) the city and state, (4) the court, and (5) the action taken. If under 18, can you, after a job offer, submit a work permit? Yes <input type="checkbox"/> No <input type="checkbox"/> Are you claiming Veteran's Preference? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Please attach a DD Form 214 Were you ever terminated or forced to resign a position? Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes" please explain details on a separate sheet of paper. This answer will not necessarily result in disqualification.				

**EDUCATION AND TRAINING**

NAME OF HIGH SCHOOL	LOCATION	DID YOU GRADUATE?				
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	GED <input type="checkbox"/>		
_____	_____					
NAME AND LOCATION OF COLLEGE, BUSINESS OR TRADE SCHOOL	DATES From To	GRADUATE		DEGREE RECEIVED	UNITS SEM./QTR.	MAJOR SUBJECTS
		Yes	No			
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____

**LICENSES/CERTIFICATIONS:** List licenses and/or certifications related to or required for this position.

In order to comply with federal guidelines, we request that you voluntarily provide the following information to be used for research and evaluation purposes. This information will be separated from your application upon receipt by the Human Resources Department, and is not considered in the hiring process.

TO ASSIST US IN OUTREACH EFFORTS, PLEASE INDICATE HOW YOU FOUND OUT ABOUT THIS JOB.

<input type="checkbox"/> VALLEJO TIMES HERALD	<input type="checkbox"/> CONTRA COSTA TIMES	<input type="checkbox"/> BENICIA HERALD
<input type="checkbox"/> VACAVILLE REPORTER	<input type="checkbox"/> FERRY TERMINAL	<input type="checkbox"/> FAIRFIELD DAILY REPUBLIC
<input type="checkbox"/> NAPA VALLEY REGISTER	<input type="checkbox"/> SACRAMENTO BEE	<input type="checkbox"/> FRIEND
<input type="checkbox"/> JOBS AVAILABLE	<input type="checkbox"/> DIRECT MAILING	<input type="checkbox"/> CITY EMPLOYEE
<input type="checkbox"/> CITY OF VALLEJO WEBSITE	<input type="checkbox"/> SCHOOL/ PLACEMENT OFFICE	<input type="checkbox"/> JOB FAIR
<input type="checkbox"/> OTHER WEBSITE, NEWSPAPER OR PUBLICATION (PLEASE SPECIFY) _____		

**COMPLETE OTHER SIDE**

Begin with your present or most recent position.  
List both paid and volunteer work.  
**Do not indicate "See Resume."**

If you are being actively considered for employment, may we contact your former employers regarding your work performance records? Yes  No

EXPERIENCE			
IF MORE SPACE IS NEEDED, USE A SEPARATE SHEET PREPARED IN THE SAME FORMAT AND ATTACHED SECURELY			
DATES EMPLOYED from: _____ to: _____		EMPLOYER	ADDRESS
HOURS WEEKLY	SALARY	YOUR TITLE	REASON FOR LEAVING
SUPERVISOR'S NAME		DUTIES	
NUMBER OF EMPLOYEES SUPERVISED			
EMPLOYER'S TELEPHONE NUMBER			
DATES EMPLOYED from: _____ to: _____		EMPLOYER	ADDRESS
HOURS WEEKLY	SALARY	YOUR TITLE	REASON FOR LEAVING
SUPERVISOR'S NAME		DUTIES	
NUMBER OF EMPLOYEES SUPERVISED			
EMPLOYER'S TELEPHONE NUMBER			
DATES EMPLOYED from: _____ to: _____		EMPLOYER	ADDRESS
HOURS WEEKLY	SALARY	YOUR TITLE	REASON FOR LEAVING
SUPERVISOR'S NAME		DUTIES	
NUMBER OF EMPLOYEES SUPERVISED			
EMPLOYER'S TELEPHONE NUMBER			
DATES EMPLOYED from: _____ to: _____		EMPLOYER	ADDRESS
HOURS WEEKLY	SALARY	YOUR TITLE	REASON FOR LEAVING
SUPERVISOR'S NAME		DUTIES	
NUMBER OF EMPLOYEES SUPERVISED			
EMPLOYER'S TELEPHONE NUMBER			
DATES EMPLOYED from: _____ to: _____		EMPLOYER	ADDRESS
HOURS WEEKLY	SALARY	YOUR TITLE	REASON FOR LEAVING
SUPERVISOR'S NAME		DUTIES	
NUMBER OF EMPLOYEES SUPERVISED			
EMPLOYER'S TELEPHONE NUMBER			

**POLICE OFFICER & FIRE FIGHTER APPLICANTS ONLY:**  
Will you, by the final filing date, have reached your 18<sup>th</sup> birthday? Yes  No

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND COMPLETE AND SUBJECT TO VERIFICATION. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION AND HEREBY AUTHORIZE EMPLOYERS, SCHOOLS OR PERSONS NAMED IN THIS APPLICATION TO GIVE ANY INFORMATION REGARDING MY QUALIFICATIONS AND CHARACTER. I HEREBY RELEASE SAID EMPLOYERS, SCHOOLS, PERSONS AND THE CITY FROM ANY LIABILITY FOR DAMAGES FOR RECEIVING OR RELEASING INFORMATION. I AGREE AND UNDERSTAND THAT ANY MISSTATEMENT OR OMISSION OF MATERIAL FACT ON THIS APPLICATION WILL CAUSE FORFEITURE ON MY PART OF ALL RIGHTS TO BE CONSIDERED FOR EMPLOYMENT WITH THE CITY AND MAY BE CAUSE FOR DISMISSAL IF ALREADY EMPLOYED. I FURTHER AGREE TO BE FINGERPRINTED; TO SUBMIT TO A JOB-RELATED MEDICAL EXAMINATION, INCLUDING DRUG SCREENING, AND FURNISH SUCH PROOF OF MEETING THE CONDITIONS OF EMPLOYMENT AS MAY BE REQUIRED.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**DISABLED APPLICANTS:** Special testing arrangements may be made to accommodate applicants with disabilities which meet the criteria as specified by the Americans with Disabilities Act. Do you require such special arrangements?  Yes  No  
Applicants may be requested to provide additional documentation of the need for test accommodations. Such documentation should be provided by a doctor, rehabilitation counselor, or other qualified professional.

POSITION APPLIED FOR: \_\_\_\_\_ MALE  FEMALE

Please CHECK ONE BOX ONLY for the racial/ethnic category with which you most closely identify according to the ethnic definitions listed below.

<input type="checkbox"/> WHITE	(Not of Hispanic Origin) All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
<input type="checkbox"/> BLACK	(Not of Hispanic Origin) All persons having origins in any of the Black racial groups.
<input type="checkbox"/> HISPANIC	All persons of Mexican, Puerto Rican, Central or South American or other Spanish culture or origin, regardless of race.
<input type="checkbox"/> ASIAN/PACIFIC ISLANDER	All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific islands. This area includes, for example, China, Japan, Korea, and Samoa.
<input type="checkbox"/> FILIPINO	All persons having origins in any of the original peoples of the Philippine Islands.
<input type="checkbox"/> AMERICAN INDIAN/ALASKAN NATIVE	All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition. Please identify with which tribe you are affiliated.
<input type="checkbox"/> OTHER	Persons belonging to groups whose origin is NOT listed above. Please specify group: