

Digital Skills Internship Application

Name: _____ Last 4 of SSN: _____ DOB: _____

Address: _____ City: _____ Zip: _____

Mailing Address (if different than physical): _____

Phone: (____) _____ Msg. Phone: (____) _____ E-mail: _____

☐ Homeless: I currently lack a fixed, regular & adequate nighttime residence; or am living in a homeless shelter

Please check all that apply:
<input type="checkbox"/> I am 16 to 30 years old
<input type="checkbox"/> I have not participated in the AmeriCorps program
<input type="checkbox"/> I have difficulty finding employment
<input type="checkbox"/> I consider myself to be low income
<input type="checkbox"/> I am unemployed and/or out of school
<input type="checkbox"/> I am or have been involved with the criminal justice system
<input type="checkbox"/> I am in or transitioning from foster care
<input type="checkbox"/> I am currently engaged with the mental health or substance abuse system
<input type="checkbox"/> I am receiving or have received CalFresh/SNAP within the last 6 months
<input type="checkbox"/> I am receiving or have received TANF or General Assistance within the last 6 months

Do you have a valid driver license? ☐ Yes ☐ No

Do you have a valid identification card? ☐ Yes ☐ No ☐ N/A if possess valid driver license

Do you have an original non-laminated Social Security card? ☐ Yes ☐ No

Authorized to work in the US? ☐ Yes ☐ No

Are you currently employed? ☐ Yes ☐ No Employer: _____

Job Title _____ Hours per Week: _____ Hourly Wage: _____

Work Schedule: Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Friday _____ Sat. _____ Sun. _____

Terminated/Laid Off ☐ Yes ☐ No Last day worked: _____

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What was your 2021 Gross Annual Income:

- ☐ \$0 - \$10,000
☐ \$10,000 - \$20,000
☐ \$20,000 - \$30,000
☐ \$30,000 - \$40,000
☐ \$40,000 - \$50,000
☐ \$50,000 - \$60,000
☐ \$60,000 - \$70,000
☐ \$70,000 - \$80,000
☐ \$80,000 - \$90,000
☐ \$90,000 - \$100,000
☐ \$100,000+

Other: \$ _____

High School Diploma: ☐ Yes ☐ No GED: ☐ Yes ☐ No

Are you currently attending school? ☐ Yes ☐ No School name / schedule: _____

Do you have any conditions or require any accommodations that may affect your participation in this internship?

☐ Yes ☐ No

If yes, please describe: _____

Have you ever been convicted of a misdemeanor? ☐ Yes ☐ No If yes, charge and date: _____

Have you ever been convicted of a felony? ☐ Yes ☐ No If yes, charge and date: _____

Currently on Parole? ☐ Yes ☐ No End Date: _____ Probation? ☐ Yes ☐ No End Date: _____

I certify and attest, under the penalty of perjury that the information stated above is true and accurate to the best of my knowledge.

Applicant's Signature

Date