Information and Communications Technology (ICT)
Internship Program

APPLICATION PACKAGE CHECKLIST

A. **Check off** *each item as you complete it.*

B. *Submit application items* **in the order listed below**.

C. **Submit** *your application by:*
Completing the online submission or giving the package to your off-campus coordinator

ORDER OF INFORMATION FOR APPLICATION SUBMISSION
❑ Application Package Checklist (this page)
❑ Cover Letter • Why are you interested in the ICT Program? • Specify the skills that make you a good candidate.
❑ Current Resume • Indicate the type of school, team, volunteer, and service programs you have been involved with • Special courses, certificates, etc. (Microsoft Certifications, A+ Certification, First Aid, Driver's License) • Activities (robotics, computer building, spreadsheet creation, website building, CyberTitan, hack-athons etc.)
❑ Student Information (page 2)
❑ Parent/Guardian Support and Consent Form (page 3)
❑ Counselor and/or Teacher Recommendation Form (page 4) • This may be uploaded with your application form or scanned directly to the CAREERS Program Coordinator.
❑ Off-campus Teacher/Coordinator Recommendation Form (page 5) • This may be uploaded with your application form or scanned directly to the CAREERS Program Coordinator.

Students must have a Social Insurance Number to be an employee. An application can be found at
https://catalogue.servicecanada.gc.ca/content/EForms/en/Detail.html?Form=NAS2120

Student Information

Last Name:		First Name:		Middle Name:
Address:			Gender: ☐ Male ☐ Female ☐ Other	
City:			Postal Code:	
Email:			Home phone:	
School Name:			Cell phone:	
Birth Date:	AB Student #:		https://learnerregistry.ae.alberta.ca/Home/StartLookup	
Anticipated Year of Graduation:	If you wish to identify yourself as Indigenous, please check one of the following: (Information is for statistical purposes only) ☐ First Nation _____ (name of Nation) ☐ Inuit ☐ Metis			

Program Information

Please select your preferred position category (#1 beside 1st choice, #2 beside 2nd choice) as there are a limited number of positions, all attempts will be made to place students in their first choice, which is of course subject to availability.

☐ Infrastructure
    Systems Analyst, IT Analyst, Network and Computer Systems Administrator

☐ Software Development
    Computer Programmer, Application Developer, Coder

☐ Information Systems
    Customer Support Administrator, Help Desk Technician, IT Systems Administrator

☐ Business & Marketing
    Web Administrator, Marketing Support

☐ Data & Security
    Document Editor, Project Management Assistant, Quality Control

☐ Other
    Specify:

Name of Off Campus Teacher:

Additional Information

Internships may be available for part time or full-time opportunities.   Internships are not guaranteed.

Yes ☐   I am interested in an internship part time during the school year.   Semester 1   Semester 2
    ☐ Morning (ie. 8 am – 12 pm)
    ☐ Afternoon (ie. 12:30 – 4:30 pm)

Yes ☐   Summer internship full-time (**minimum 25 hours and maximum of 40 hours per week)** for 4 to 6 consecutive weeks

Availability outside of the above (specify):

You must be able to provide your own transportation to and from the worksite. This can include driving yourself, getting a ride, or taking transit.

Driver's License? ☐ Yes ☐ No

Please note that some employers may require new hires to take a drug/alcohol test before the start of their internship placement or during their employment period. Failure to pass a drug/alcohol test may result in an applicant not being allowed to proceed with the internship.

Student Agreement:

*I, the applicant, certify the information given in and with this **application package, resume, and cover letter** is true and complete to the best of my knowledge and that it may be viewed by employers for the purpose of determining a potential internship. I agree to attend any safety courses or prerequisite courses or sessions as required for individual programs. I understand that applying for any off-campus program does not guarantee that I will receive an internship.*

_____   _____
Student Signature   Date

PHOTO RELEASE AGREEMENT:

There may be occasions when a student will be photographed, interviewed or videotaped. These photographs, interviews, testimonials and/or videotapes may be used by CAREERS: The Next Generation, the Schools and/or School Divisions for internal program promotion or by external media for release to the general public. I, the applicant, understand the information provided above and hereby give consent for the use and disclosure of personal information and photographs, testimonials, interviews and/or videotapes regarding my internship, for the purposes specified above.   **Yes**   **No**

_____   _____
Student Signature   Date

PARENT INFORMATION

Parent/Guardian Information and Emergency Contact	
Parent 1 Name:	Parent 2 Name:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Cell:	Cell:
Email:	Email:

As the internships provide real job experiences, students are treated as young adults, expected to show maturity and sound judgment. This is an excellent opportunity for your son/daughter to gain confidence in making an educated career choice from their experience with the program. Acceptance is based on your son/daughter's expressed interest in this program, meeting the program criteria, and having the application approved by the applicable school coordinator. The employer makes the final placement decisions through the interview process.

Please review the following, and sign / date the bottom of this page:

Expectations:
Employers expect a student to be available to work on a consistent, punctual basis according to the employer's schedule.

Internships
The positions CAREERS: The Next Generation has acquired for the Information and Communications Technology Internship Program are limited; therefore, this is a competitive program and unfortunately not all students who apply will get positions. Employers select the candidates through their interview process.

Parent / Guardian Agreement
I acknowledge and agree to the above terms.
I agree that the application package along with the submitted resume and cover letter may be viewed by employers for the purpose of determining potential acceptance into internships.

_____

Parent/Guardian Signature (Print and Sign Name)   Date

PHOTO RELEASE AGREEMENT
There may be occasions when a student will be photographed, interviewed or videotaped. These photographs, interviews, testimonials and/or videotapes may be used by CAREERS: The Next Generation, the Schools and/or School Divisions for internal program promotion or by external media for release to the general public. I, the applicant's parent/guardian support, understand the information provided above and hereby give consent for the use and disclosure of my son/daughter's personal information and photographs, testimonials, interviews and/or videotapes regarding the internship, for the purposes specified above. ☐*Yes* ☐*No*

_____

Parent/Guardian Signature (Print and Sign Name)   Date

Revised February 2021

TEACHER RECOMMENDATION

Applicant: Please fill in the information below BEFORE giving form to respondent (teacher/counselor)

Name of Applicant: _____   School: _____

In what capacity do you know the student? _____

For how long? _____

Students are eligible for enrollment into the ICT Internship Program provided they meet the criteria. However, it is likely that not all students will receive an internship position. An employer interview is necessary to be selected to participate in school year or summer internship. Internships are limited.

Success will depend upon:
- this student's <u>interest</u> in the field
- their <u>capacity</u> to meet the requirements of the workplace and school programs
- their <u>willingness</u> to participate fully in a rigorous internship and school program
- their <u>ability</u> to communicate and work as a team member
- their <u>school</u> performance on track to graduate.

Rate each characteristic of the applicant below: **(1 = Low   to   4 = Exceptionally High)**

Indicate your perception of this student with respect to the following chart by placing a check mark (✓) in the box below the appropriate number.

	Poor	1	2	3	4	Excellent	Comments:
1. **Level of interest in the ICT Program**		☐	☐	☐	☐		
2. **Attitude -** Demonstrates Maturity		☐	☐	☐	☐		
3. **Attendance -** Demonstrates Initiative		☐	☐	☐	☐		
4. **Punctuality -** Demonstrates Responsibility		☐	☐	☐	☐		
5. **Work habits (use of class time) -** Demonstrates Common Sense		☐	☐	☐	☐		
6. **Ability to stay focused on a task**		☐	☐	☐	☐		
7. **Ability to meet deadlines -** Demonstrates Leadership		☐	☐	☐	☐		
8. **Work quality -** Demonstrates problem Solving and Attention to Detail		☐	☐	☐	☐		
9. **Ability to work as part of a team -** Demonstrates Respect		☐	☐	☐	☐		

Special Notes: _____

_____

_____

Teacher Name *Teacher* _____

Signature _____

Phone _____
(include area code)

Return completed form to _____   *before* _____ *(date required)*

Note: For internship consideration the student must get the sign-off of the Off-campus Coordinator.

OFF-CAMPUS COORDINATOR SUPERVISION

Applicant: Please fill in the information below BEFORE giving form to respondent (Off-campus Coordinator)

Name of
Applicant: School:

1. Has this student successfully completed HCS 3000?

                                    Yes   No

2. Should this student be successful in obtaining an internship will you in your capacity as Off-campus Coordinator provide school supervision?

                                    Yes   No

Students are eligible for enrollment into the ICT Internship Program provided they meet the criteria. However, it is likely that not all students will receive an internship position. An employer interview is necessary to be selected to participate in school year or summer internship. Internships are limited.

Success will depend upon:
- this student's interest in the field selected
- their capacity to meet the requirements of the workplace and school programs
- their willingness to participate fully in a rigorous internship and school program
- their ability to communicate and work as a team member
- their school performance has them on track to graduate

Notes:

Off-campus Coordinator Name   Phone

Teacher's Signature

Return completed form to   *before*   *(date required)*

Revised February 2021