

# SILICON SHORES CORPORATION

## SHORELINE LAKE BOATHOUSE & BISTRO

3160 N. Shoreline Blvd. Mountain View, CA 94043 650-965-7474 fax: 650-965-7180

### APPLICATION FOR INTERNSHIP

*Silicon Shores Corporation offers an unpaid volunteer opportunity so youth may experience real life work experience. When you volunteer, you can:*

- Learn team work and leadership
- Develop a work ethic
- Learn skills for a future career
- Meet and make new friends

#### PERSONAL INFORMATION

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

Name: \_\_\_\_\_

Present Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Referred by: \_\_\_\_\_

Cellular Number: \_\_\_\_\_ Email: \_\_\_\_\_

#### QUESTIONS: Please circle YES or NO or complete answers where appropriate.

Have you applied for an internship here before? (Circle one) YES NO If yes, when? \_\_\_\_\_

Have you ever been employed by us before? (Circle one) YES NO

How did you find out about us? \_\_\_\_\_

Can you swim? YES NO / Can you sail? YES NO / Can you Windsurf? YES NO

Have you ever been a cashier? YES NO

Internship Desired: (Circle one or more.) Boathouse Café Sailing Camp Windsurfing Camp Shoreline Camp

(Circle one) Full-time Part-Time Seasonal; if summer seasonal, can you commit to most of the summer? YES NO

Date Available to begin: \_\_\_\_\_

Days of week available: Sunday\_\_\_\_Monday\_\_\_\_Tuesday\_\_\_\_Wednesday\_\_\_\_Thursday\_\_\_\_Friday\_\_\_\_Saturday\_\_\_\_

Which specific days and hours are you not available? \_\_\_\_\_

Can you be flexible with the days and hours you are available? YES NO

What are your outside interests? \_\_\_\_\_

Do you belong to any clubs or organizations? \_\_\_\_\_

What other languages do you speak, if any? \_\_\_\_\_

Have you ever been convicted of a felony? YES NO

Can you provide valid working papers, visa or social security number if offered an employed position? YES NO

#### EDUCATION

	Name & Location (City/State)	Years completed	Major	Degree
High School	_____	_____	_____	_____
Trade	_____	_____	_____	_____
College	_____	_____	_____	_____

List Certifications (ie: First Aid/CPR, Sailing, Windsurfing, Kayaking, etc.)

\_\_\_\_\_

**VOLUNTEER/EMPLOYMENT HISTORY:** List last four volunteer experiences, internships or employers starting with present (if applicable).

DATE From/To	Name, Address, Phone # of Employer/Contact	Paid	Position Duties	Reason for Leaving

If currently employed, can we contact your employer? YES NO

Why should we award you an internship? \_\_\_\_\_

**REFERENCES (two not related to you)**

NAME	City/State	Phone Number	Years Known

**CERTIFICATION**

"I certify that, under penalty of perjury, all the above information is true and complete. I understand that any falsification or omission of information may result in denial of employment or, if hired, termination of employment.

I agree and understand the scope of this unpaid internship. Though if awarded an opportunity for employment, having no specific term, would be based upon mutual consent and may be terminated at will with or without cause by either party (employer or me) without prior notice to the other. I also understand that this aspect of my employment will not change if and when an individual written agreement is signed by both myself and the president of Silicon Shores Corporation. I further understand that if hired, upon termination of my employment, I will promptly return all property belonging to Silicon Shores Corporation, including but not limited to keys, equipment of any kind, credit cards, etc. I understand that this facility is under camera surveillance and monitoring and that my image may be captured on film."

This application does not constitute an agreement or contract for employment and is current for 45 days after which time I will complete a new application.

Signature

Date