



**Esmeralda Z. Soria
Councilmember, District One**

Fresno City Council Internship Program

Councilmember Esmeralda Soria values education and believes that students bring new ideas, new energy and new skills to the workforce.

Internships provide valuable work experience directly related to the student's academic field of study. Participants will be given high-level work experience that may prepare them for permanent positions in the workforce.

A. GENERAL COUNCIL INTERN POLICY

The purpose of hiring a Student Intern is to provide hands-on experience in a field of municipal operations.

The minimum number of hours a Council Intern should be available to work is 12 hours per week. During semester or vacation breaks Council Interns can work more hours than they are normally scheduled to work, if available.

B. REQUIREMENTS FOR COUNCIL INTERNS

1. Must be at least 16 years of age.
2. Must be enrolled as a full-time student at an accredited high school, college or university; proof of enrollment **must** be submitted.
3. Student must submit a letter expressing their interest in becoming a Council Intern.
4. Student must fill out a Councilmember Esmeralda Soria's Internship Application. They must apply directly to her office.

HOW TO APPLY:

Return the following items --

1. Complete the Councilmember Esmeralda Soria's Council Internship Application.
2. Provide proof of enrollment, including number of semester units completed and grade point average.
3. Include a letter of interest.
4. Submit 2 References (cannot be a relative).

Email: Gilbert.Felix@fresno.gov (application packet must be sent in PDF)

Mail: Attn: Gilbert Felix -- 2600 Fresno Street, Fresno CA 93721



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Internship Application

Applicant Information		
Last Name	First	Date
Street Address		Apt/Unit
City	State	Zip
Phone	Cell Phone	
Email address:		
Have you ever had a legislative internship before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes please explain:	
How did you hear about our internship program?		

Availability							
Please check semesters of availability: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Other, please explain:							
Please check your general availability	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning (approx. 9-1)							
Afternoon (approx. 1-5)							
Evening (approx. 5-9)							

Areas of Interest				
Please indicate which areas interests you:				
<input type="checkbox"/> Agriculture	<input type="checkbox"/> Environment	<input type="checkbox"/> Labor	<input type="checkbox"/> Seniors	<input type="checkbox"/> Water
<input type="checkbox"/> Business	<input type="checkbox"/> Heath care	<input type="checkbox"/> Law Enforcement	<input type="checkbox"/> Technology	<input type="checkbox"/> Youth
<input type="checkbox"/> Education	<input type="checkbox"/> Housing and Development	<input type="checkbox"/> Public Safety	<input type="checkbox"/> Other, please explain:	

Experience/Education and Skills	
Current employment status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Not Employed	
Current or most recent paid position held:	
Are you currently a full-time or part-time student? <input type="checkbox"/> Full-time student <input type="checkbox"/> Part-time student	Please indicate school:

Level <input type="checkbox"/> Freshmen <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate student	Areas of study (major):
Do you speak any other languages? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list language <input type="checkbox"/> Fluent <input type="checkbox"/> Semi-Fluent <input type="checkbox"/> Basic
Computer Skills/Software Used:	

Personal Information
Why are you interested in an internship in our council office?
What specific experience would you like to gain through this internship?
Describe your long-term career goals:

Professional References	
Name	Relationship and contact info (e-mail and/or phone number)

Disclaimer and Signature	
I certify that my answers are true and complete to the best of my knowledge. If this application leads to an internship assignment, I understand that false or misleading information in my application may result in my release.	
Signature:	Date: