



DC Water Internship Program Application

DISTRICT OF COLUMBIA WATER AND SEWER AUTHORITY | HUMAN CAPITAL MANAGEMENT | 5000 OVERLOOK AVENUE, SW | WASHINGTON, DC 20032

PERSONAL DATA

age 18 or older? yes no

name: _____ last _____ first _____ middle **ssn:** _____

home address: _____ street _____ city _____ state _____ zip code

home phone: _____ cell: _____ email: _____

DESIRED INTERNSHIP PLACEMENT

choice of department: 1. _____ 2. _____ 3. _____

preference for placement: summer year-round other: _____

type of assignment: part-time (10-20 hours per week) full-time (21-40 hours per week) paid un-paid

EDUCATION

You must submit an official sealed transcript from your current educational institution with your application. Identify below the educational institution you are currently attending.

name of institution: _____ location: _____ city _____ state

major: _____ degree: _____

class status: (latest year completed) sophomore junior senior graduate: year 1 year 2 year 3

REFERENCES (please do not list relatives)

a) name: _____ title: _____ phone: _____

address: _____ street _____ city _____ state _____ zip code

b) name: _____ title: _____ phone: _____

address: _____ street _____ city _____ state _____ zip code

SKILLS

List office skills and identify any software applications that will assist you in your work functions.

HONORS, AWARDS AND OTHER RECOGNITION OF ACHIEVEMENT (please include dates)

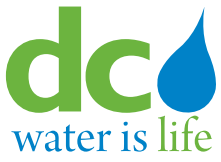
OTHER Do you have any relatives working at DC Water? yes no (if yes, please list name(s), relationship and department)

name: _____ dept: _____ name: _____ dept: _____

I declare that the information contained herein is correct and complete to the best of my knowledge.

applicant's signature

date



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ACADEMIC ADVISORS RECOMMENDATION

The student identified below is applying for an internship with DC Water. Please complete this section as part of the students application. The deadline for submitting this recommendation is April 15th.

students name: _____
last first middle

name of institution: _____ major: _____

expected graduation date: _____ degree: _____

class status: (latest year completed) sophomore junior senior graduate: year 1 year 2 year 3

Would you recommend this student for an internship? yes no

comments:

ADVISOR'S SIGNATURE

advisor's name and title: _____

advisor's signature

date

Please mail the completed form to:

DC Water, Human Capital Management Learning & Development, 5000 Overlook Avenue, SW • Washington, DC 20032