



# CITY OF PERRIS

## Grow Perris Intern Program Application Form

101 North D Street  
Perris, CA 92570  
(951) 943-6100  
www.cityofperris.org

### YOUR CONTACT INFORMATION

**Instructions:** Please fill out all pages of this form completely, either by typing or printing in ink. An original signature is required for each application.

Last Name	First Name	MI
Street Address		Apt. No.
City	State	Zip Code
<b>Your Email Address (optional):</b>		
May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No	Home Phone Number	Work Phone Number
<b>Your Telephone Number:</b>	( )	( )
	Cellular Phone/Other	( )

### PERSONAL INFORMATION

Are you at least eighteen (18) years of age?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been employed by the City of Perris? If yes, hire date: _____ exit date: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any relatives currently employed by the City of Perris? If yes, please provide name and relationship: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a City of Perris resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No

### EDUCATION & TRAINING

Did you receive a high school diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No	High School Name	Address, City, State, Zip
Do you have a GED or High School Equivalency Diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Training Beyond High School (College, University, Business College, or other schools)		
Name & Location of Institution	City/State	No. of Years
		Major/Subject
		Degree

### EMPLOYMENT INFORMATION

Current Name of Employer/Business	Profession	Employer Phone No.
		( )
Address of Business (Street, City, State, Zip Code)		
Brief Description of Duties:		
Previous Name of Employer/Business	Profession	Employer Phone No.
		( )
Address of Business (Street, City, State, Zip Code)		
Brief Description of Duties:		

## INTERESTS / SKILLS / ABILITIES

List your skills, abilities, related volunteer community service and relevant interest to the Grow Perris Intern Program assignment you are seeking:

## PROGRAM COMMITMENT

Would you be able to commit to the program from March through November 2022:  Yes  No

## REASON(S) FOR PARTICIPATING

Please state briefly why you are interested in the Grow Perris Intern Program:

## CERTIFICATION AND AUTHORIZATION

I certify that all statements made in this application are true and complete. I further understand that there may be specific qualifications and that my application may be rejected if it is determined that I do not satisfactorily meet those qualifications. I hereby authorize the City of Perris to process a Background Check on my application for the Grow Perris Intern Program (GPIP) and understand that fingerprinting may be required. Once accepted, I realize I may be released from participation in the GPIP, since I serve at the will and pleasure of the City department. I understand that I am not considered an employee at any time.

Indemnity: The GPIP participant will indemnify, hold harmless, and release the City and/or local organization, its officers, employees, agents and volunteers from and against any and all claims, damages, lawsuits, costs, expenses and other liabilities caused in part or in whole by him/her while providing services for the City and/or local organization, including injury to their person, damage to their property, and injury or damage to the person and/or property of other volunteers or members of the public.

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Grow Perris Intern Program Applicant's Signature

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Date