

Aliceville City Street & Sanitation
311 3rd Street NW
Aliceville, AL 35442

2023

Citizens of Aliceville,

In an initiative to involve our youth in the decisions and directions of our great city it is with great pleasure that the Aliceville Street & Sanitation would like to offer an opportunity for local High School Students to be a part of our internship program. This experience is a great opportunity to gain skills and learn some procedures that are involved in caring and maintenance of our city.

After successfully completion and submitting the application and going through the interview process a notification will go to the individual(s) selected.

ELIGIBILITY

- High School Junior or Senior
- At least a 2.0 Grade Point Average
- No Criminal Background
- One Recommendation Form Completed
- Current Alabama Drivers License

We would ask that you encourage eligible High School students to apply for this wonderful opportunity. Please promote them to participate in this wonderful experience and potential career development.

Completed Applications can be mailed or delivered by May 18, 2020 to the following address:

Aliceville City Hall
419 Memorial Parkway
Aliceville, AL 35442

OFFICIAL APPLICATION FORM

Please type or print clearly:

Name: _____ Date of Birth: ____/____/____ Age: _____

Address: _____

City/State/Zip: _____

Day Telephone: () _____ Evening Telephone: () _____

Social Security No: _____

Grade Level: _____ Current Grade Point Average: _____ Cumulative Grade Point Average: _____

Favorite Subject: _____ Career/ Job Interest: _____

College/ Career Tech/ Post Secondary School Interest:

1. _____ 2. _____ 3. _____

Parent(s)/ Guardian(s): _____

Name

Relationship

Name

Relationship

Extracurricular Activities/ Sports/ Clubs, etc.:

Hobbies/ Interests:

Community Involvement:

*****All private contact and identification for the applicant will be confidential and used only by the City of Aliceville for the express purpose of selecting a qualified applicant. We are an equal opportunity employer that prohibits discrimination in employment on the basis of race, color, religion, creed, sex, sexual orientation, gender identity, national origin, ancestry, age, and disability unrelated to job requirements. ******

This form must be submitted as a part of the Application Packet
and must be received by May 18, 2023

OFFICIAL QUESTIONNAIRE SHEET
(TO BE COMPLETED BY APPLICANT)

Please print clearly or type your responses in the space provided below or on a separate page with the same questions as headers.

A. Type an autobiographical sketch on a separate document. (Limit 250 words)

B. List five short-term goals and five long-term goals. (May include personal, educational or career-oriented goals.)

C. List any significant honors, awards or recognitions that you have received.

Applicant's Name _____ Applicant's School _____

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OFFICIAL LETTER OF RECOMMENDATION SHEET
(USE THIS SHEET AS A COVER PAGE FOR EACH LETTER OF RECOMMENDATION)

This form may be duplicated as many times as needed. Each candidate must have a minimum of one, letters of recommendations for the **Aliceville Summer Internship**. Teachers, parents, administrators, students, community agency representatives, and business/industry partners may submit letters of recommendations.

Name of Student Being Recommended: _____

High School of Student Being Recommended: _____

The most effective letters of recommendation will specifically address the questions to be considered by the selection committee. Those questions are listed below. Make sure you include the name of the applicant and your name and position in the letter. **Attach this form** as a cover to your letter.

Please rate on a scale of 1-10

1. The applicant promoted positive self-esteem for himself and served as a role model for others?

1 2 3 4 5 6 7 8 9 10

2. The applicant demonstrated **academic potential** and achievement?

1 2 3 4 5 6 7 8 9 10

3. The applicant demonstrated a **pursuit in post secondary education**?

1 2 3 4 5 6 7 8 9 10

4. The applicant's **character** distinguishes themselves from others?

1 2 3 4 5 6 7 8 9 10

Recommended by: (Please type or print clearly)

Name: _____

Address: _____

City/State/Zip Code: _____

Relationship: _____ Parent _____ Peer _____ Administrator _____ Teacher _____ Community Agency
Representative _____ Other (Specify) _____

Signature _____

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