

Send completed form to:
Filoli Center
Attn: Director of Horticulture
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Woodside, CA 94062-4143

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Fax: (650) 366-7836
E-mail: Itolmach@filoli.org
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INTERNSHIP & APPRENTICESHIP APPLICATION

PERSONAL INFORMATION

Date _____

Name _____
Last First Middle
(Use name as it appears on Registrar's records.)

Current Address _____
Street Apt. #

City State Zip

Phone (____) _____ Student # _____ Soc. Sec. # _____

Fax (____) _____ E-mail _____

Permanent Address _____
Street Apt. #

City State Zip

Permanent Phone (____) _____

College / School _____

Graduation date _____ Class level _____

Session you desire (10 week internships): Fall Sp SS Year: 20 __ __

6-month apprenticeship _____
(Please indicate period when you would like to train.)

What do you expect to learn from the internship?

**FILOLI
INTERNSHIP & APPRENTICESHIP APPLICATION**

What are your personal, academic and career objectives? (expectations, goals, etc.)

What are your skills, abilities and knowledge?

Major horticulture classes (credits) related to objectives and internships:

Previous employment and/or experience (including volunteer activities):

Dates	Position	Employer/Supervisor (address & phone)	Responsibilities

Work references (including, but not limited to horticultural positions; include address and phone number):

Other information may be attached.

Have you mailed your transcripts and 3 letters of recommendation? YES NO

I certify that all statements are true and complete. I agree and understand that any misstatements or omissions of material facts herein will cause forfeiture on my part of all rights to employment with Filoli Center. I understand that reference checks may be made regarding my past employment, and I understand that if I do not meet the announced requirements, I will be eliminated from the examination process. At time of hire, employees must meet the documentation requirements of the immigration reform and control act of 1986.

Signature_____

Date_____