



CHARLES P. GOLBERT  
Public Guardian

# Office of the Cook County Public Guardian Internship Application

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
(Street) (City/State) (Zip Code)

Mobile Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Indicate your first and second preference work locations; mark N/A if you are not interested or cannot work at a particular site.

\_\_\_\_\_ Downtown - 69 W. Washington Street \_\_\_\_\_ Juvenile Court - 2245 W. Ogden Avenue

Are you legally authorized to work in the United States? ☐ Yes or ☐ No

Do you have relatives currently employed at the Office of the Cook County Public Guardian? ☐ Yes or ☐ No

If yes, list their name(s), relationship to you, and position:

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a crime, excluding minor traffic violations (minor: the fine was less than \$100.00)?  
☐ Yes or ☐ No If yes, explain.

\_\_\_\_\_  
\_\_\_\_\_

(Criminal convictions do not restrict a person from being considered an internship).

Are you or have you been the subject of a child abuse/neglect report or an adult protective services investigation? ☐ Yes or ☐ No If yes, explain.

\_\_\_\_\_  
\_\_\_\_\_

How did you learn of this volunteer opportunity?

\_\_\_\_\_  
\_\_\_\_\_

Does your school provide liability insurance? ☐ Yes or ☐ No

\_\_\_\_\_  
\_\_\_\_\_

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If any of the following questions on this Application can be answered by attaching a resume, cover letter or other document, please refer to the document on this Application and attach the document. The document will then become part of your Application.

## Educational History

### High School(s)

School Name:	Years Completed:	Did You Graduate?
		<input type="checkbox"/> Yes or <input type="checkbox"/> No

School Name:	Years Completed:	Did You Graduate?
		<input type="checkbox"/> Yes or <input type="checkbox"/> No

### College(s)/Trade(s)/Other

School Name:	Years Completed:	Did You Graduate?
		<input type="checkbox"/> Yes or <input type="checkbox"/> No
Field(s) of Study:		

School Name:	Years Completed:	Did You Graduate?
		<input type="checkbox"/> Yes or <input type="checkbox"/> No
Field(s) of Study:		

School Name:	Years Completed:	Did You Graduate?
		<input type="checkbox"/> Yes or <input type="checkbox"/> No
Field(s) of Study:		

### Post Graduate

School Name:	Years Completed:	Did You Graduate?
		<input type="checkbox"/> Yes or <input type="checkbox"/> No
Field(s) of Study:		

School Name:	Years Completed:	Did You Graduate?
		<input type="checkbox"/> Yes or <input type="checkbox"/> No
Field(s) of Study:		



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## Internship Application

### Employment History

List your employment history, beginning with your current/most recent position.

Employer: \_\_\_\_\_ Employer Contact Person: \_\_\_\_\_  
Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_ Permission to Contact the Employer: ☐ Yes or ☐ No  
Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer Contact Person: \_\_\_\_\_  
Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_ Permission to Contact the Employer: ☐ Yes or ☐ No  
Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer Contact Person: \_\_\_\_\_  
Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_ Permission to Contact the Employer: ☐ Yes or ☐ No  
Reason for Leaving: \_\_\_\_\_

### Foreign Language Skills

Mark Your Area(s) of Knowledge & Level of Proficiency

Language: \_\_\_\_\_

Language: \_\_\_\_\_

\_\_\_\_\_ Read  
\_\_\_\_\_ Write  
\_\_\_\_\_ Speak

\_\_\_\_\_ Read  
\_\_\_\_\_ Write  
\_\_\_\_\_ Speak

\_\_\_ Beginner \_\_\_ Intermediate \_\_\_ Advanced

\_\_\_ Beginner \_\_\_ Intermediate \_\_\_ Advanced



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## Internship Application

### Professional Reference List

It is required that you provide four professional references; if you have a reference sheet, please attach it to this document in lieu of completing the information below.

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Organization Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ Circle the Type: Cell/Home/Work

**Email Address:** \_\_\_\_\_

**Relationship to You:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Organization Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ Circle the Type: Cell/Home/Work

**Email Address:** \_\_\_\_\_

**Relationship to You:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Organization Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ Circle the Type: Cell/Home/Work

**Email Address:** \_\_\_\_\_

**Relationship to You:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Organization Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ Circle the Type: Cell/Home/Work

**Email Address:** \_\_\_\_\_

**Relationship to You:** \_\_\_\_\_



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## Acknowledgement Form

I hereby certify that all of the information on this application, and all attached supporting documents (i.e. resume, cover letter, references, etc.), are true and complete to the best of my knowledge. I realize that false information will result in disqualification of this application or termination of this internship. I understand that this internship is at will and can be terminated at any time for any reason or no reason. I hereby authorize you to investigate the accuracy of the information provided on this application, my resume, and any other information I submit. I release you and all persons from all claims and liabilities of any nature arising from such investigation or information given. I also authorize the contacting of former employers. I hereby authorize the hiring employer to conduct a background check, including a check for criminal records, adult protective services investigation, and child abuse and neglect reports.

The Office of the Cook County Public Guardian is an equal opportunity employer. In compliance with the Americans with Disabilities Act of 1990, the Office of the Cook County Public Guardian is committed to ensure non-discrimination in the employment of individuals with disabilities. Individuals who need assistance in the application process can contact the office's Deputy of Human Resources to arrange suitable accommodations.

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**Applicant's Signature**

**Date**

### **Please Note the Following:**

- 1. This application and all other material submitted become the property of the Office of the Cook County Public Guardian.**
- 2. We are unable to respond to each application when it is received. You will be contacted by this office if you are to be interviewed or if any additional information is needed.**
- 3. This application will become inactive after 12 months.**
- 4. Nothing on this application is intended to create or imply a contractual relationship.**
- 5. The employer may terminate the internship at any time for failure to comply with office policies and expectations.**