Overview

#### Flexible schedules

Exciting and challenging learning experiences

Motivating opportunities for personal, professional, and technical growth

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The X3 paid internship program offers high school students and recent graduates hands-on opportunities and valuable experiences that make them a stronger candidate for the workplace after graduation.

### **QUALIFICATIONS\*\***

To be eligible for an X3 internship, you must meet the following minimum requirements:

- Maintain regular attendance at a high school (for the duration of internship)
- Able to work 12+ hours per week (must have transportation)
- Able to work in the U.S. (16 years of age or must have a valid work permit)
- Possess general computer proficiency.
- Possess basic email and phone etiquette skills.
- Demonstrate you are motivated, organized and have good interpersonal skills
- \*\* Per Internship Site guidelines, applicants may be asked to complete a background check and drug test prior to start.
- \*\* X3 Alumni will have priority for Summer Internship placement.

#### **SCHEDULE and COMPENSATION**

- Fall Session: August-December
- Spring Session: January-May
- Summer Session: June-July
- Workweek: daytime hours, Monday through Friday (some evenings/ weekends available).
- The student intern will receive a stipend equivalent to approximately \$10.00 per hour.
- Stipend payments are distributed once a month (on the 15th of the month) pending completion of educational milestones. Direct deposit is highly recommended.
- Prior to program completion, the student intern will hold an exhibition describing their internship experience.

### **HOW TO APPLY**

To successfully complete this application, you must be ready to:

- Provide two references: One adult from your school, college, or training program, and one adult
  who has worked with you on a project or activity outside of school (at a job, community activity,
  sports team, etc.)
- Upload your resume: This should be a PDF or Word Document that you will upload as part of this



## **General Information**

| 1. Name:                    |           |
|-----------------------------|-----------|
|                             |           |
|                             |           |
| 2. Your Personal Contact In | formation |
| Cell Phone Number           |           |
| Home Phone                  |           |
| Address                     |           |
| City/Town                   |           |
| State/Province              |           |
| ZIP/Postal Code             |           |
| Email Address               |           |
| 3. School:                  |           |
|                             |           |
|                             |           |
| 4. Age                      |           |
|                             |           |
| 5. When were you born?      |           |
| Birthdate                   |           |
| Date                        |           |
| MM/DD/YYYY                  |           |

| 6. At your school, when do you attend classes?                                   |
|----------------------------------------------------------------------------------|
| O Day                                                                            |
| Evening                                                                          |
|                                                                                  |
| 7. Are you eligible to work in the U.S?                                          |
| Yes                                                                              |
| ○ No                                                                             |
| 8. Are you currently employed?                                                   |
| Yes                                                                              |
| ○ No                                                                             |
| 140                                                                              |
| FUTURE FOCUSED INTERNSHIP X3 Internship Application  Explore, Experience, Expand |
| Current Employment                                                               |
|                                                                                  |
| 9. Where do you work?                                                            |
|                                                                                  |
|                                                                                  |
| 10. What is your position?                                                       |
|                                                                                  |
| 11. How long have you worked there?                                              |
| 11. How long have you worked there?                                              |
|                                                                                  |
| 12. Will you continue with your current job if awarded an internship?            |
| Yes                                                                              |
| ○ No                                                                             |
| Unsure                                                                           |
|                                                                                  |

## More About You

|              | Have you earned any certifications that are recognized by employers (For example: OSHA 10, Certified sing Assistant, CPR)? |
|--------------|----------------------------------------------------------------------------------------------------------------------------|
|              | No                                                                                                                         |
|              | don't know                                                                                                                 |
| O ,          | Yes If yes, which ones?                                                                                                    |
|              |                                                                                                                            |
| 14 Are       | there any other certifications you are planning to earn while in high school? If so, which ones?                           |
|              |                                                                                                                            |
|              |                                                                                                                            |
|              |                                                                                                                            |
| 15. If se    | elected for an internship, how will you get to the Internship Site? (Transportation is required):                          |
|              |                                                                                                                            |
| 16. <i>F</i> | Are you currently pregnant, or is your partner pregnant?                                                                   |
|              | No                                                                                                                         |
|              | Yes if yes, when is the due date?<br>MM/DD/YYYY                                                                            |
|              |                                                                                                                            |
| 1            |                                                                                                                            |
| 17. E        | Do you have any children?                                                                                                  |
|              | No                                                                                                                         |
| $\bigcirc$ . | Yes if yes: Please list their first names and ages                                                                         |
|              |                                                                                                                            |

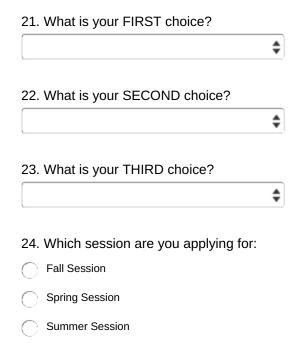
| 18. What is your childcare plan while attending your internship?                                                                                                                                    |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Not applicable (I will not have any children needing care during my internship)                                                                                                                     |  |
| My childcare plan:                                                                                                                                                                                  |  |
|                                                                                                                                                                                                     |  |
|                                                                                                                                                                                                     |  |
| * 19. If accepted, will this be your first time as an X3 intern?                                                                                                                                    |  |
| ○ No                                                                                                                                                                                                |  |
| Yes                                                                                                                                                                                                 |  |
|                                                                                                                                                                                                     |  |
| FUTURE FOCUSED INTERNSHIP  Explore Experience Expand  X3 Internship Application                                                                                                                     |  |
| FOCUSED X3 Internship Application                                                                                                                                                                   |  |
| FOCUSED INTERNSHIP  Explore, Experience, Expand  X3 Internship Application                                                                                                                          |  |
| FOCUSED INTERNSHIP  Explore, Experience, Expand  X3 Internship Application  Preferences  20. Choose the option that best describes you.                                                             |  |
| FOCUSED INTERNSHIP  Explore, Experience, Expand  20. Choose the option that best describes you.  If possible, I would like to                                                                       |  |
| Preferences  20. Choose the option that best describes you.  If possible, I would like to  Intern at a new site where I have never been an X3 intern.                                               |  |
| FOCUSED INTERNSHIP  Explore, Experience, Expand  Preferences  20. Choose the option that best describes you.  If possible, I would like to                                                          |  |
| Preferences  20. Choose the option that best describes you.  If possible, I would like to  Intern at a new site where I have never been an X3 intern.                                               |  |
| Preferences  20. Choose the option that best describes you.  If possible, I would like to  Intern at a new site where I have never been an X3 intern.  Continue as an X3 intern at my current site. |  |

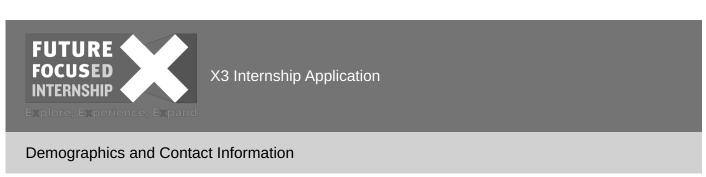
Use the dropdown menus to select your TOP THREE CHOICES for the type of internship you would most like to participate in.

X3 Internship Application

**FOCUSED** 

Preferences





We collect basic information on our interns for a better understanding of our program. This information will only be reported in the aggregate (as a group total, not for individuals) and never with your name attached. Thanks for taking a few minutes to help us out.

| 25.        | How do you identify? |
|------------|----------------------|
| $\bigcirc$ | Female               |
| $\bigcirc$ | Male                 |
|            | Non-Binary/other     |

| 26. How do you identify? Check all that apply. |                 |  |  |  |
|------------------------------------------------|-----------------|--|--|--|
| African American or Black                      | Native American |  |  |  |
| Asian                                          | White           |  |  |  |
| Hispanic, Latino, or Mexican                   | Other:          |  |  |  |
| Other (please specify)                         |                 |  |  |  |
|                                                |                 |  |  |  |
|                                                |                 |  |  |  |
| * 27. Grade:                                   |                 |  |  |  |
| Freshman                                       |                 |  |  |  |
| Sophomore                                      |                 |  |  |  |
| Junior                                         |                 |  |  |  |
| Senior                                         |                 |  |  |  |
| Graduated                                      |                 |  |  |  |



Qualifications

28. Please rate your skill level in the following areas:

|                                                                                                                                                                                                                              |            |                  |                  | Above average  |                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------|------------------|----------------|------------------|
|                                                                                                                                                                                                                              | No okill   | Some exposure to | Average compared | compared to my | Among the top    |
|                                                                                                                                                                                                                              | No skill   | the skill        | to my peers      | peers          | in my peer group |
| Computer skills (Work,<br>Excel, Outlook,<br>PowerPoint, Google<br>Docs)                                                                                                                                                     | 0          | 0                | 0                | 0              | 0                |
| Computer Coding Skills                                                                                                                                                                                                       |            |                  |                  |                |                  |
| Writing and research skills                                                                                                                                                                                                  | $\circ$    | $\bigcirc$       |                  |                |                  |
| Verbal communication                                                                                                                                                                                                         | $\bigcirc$ |                  |                  |                | $\bigcirc$       |
| On-time, reliable, dependable                                                                                                                                                                                                | $\bigcirc$ | $\bigcirc$       |                  |                |                  |
| Open to learning new things                                                                                                                                                                                                  |            | $\bigcirc$       | $\circ$          | $\bigcirc$     | $\bigcirc$       |
| Ability to play and organize                                                                                                                                                                                                 | $\circ$    | $\circ$          | 0                | 0              |                  |
| Students who have previously completed an X3 internship are not required to answer Questions 30-32.  30. Please explain why you would like to participate in this Paid Internship Program. Why did you pick your top choice? |            |                  |                  |                |                  |
|                                                                                                                                                                                                                              |            |                  |                  |                |                  |
| 31. Describe a situation when you worked with another adult/group of students to complete a project. How did you contribute to the effort?                                                                                   |            |                  |                  |                |                  |
|                                                                                                                                                                                                                              |            |                  |                  |                |                  |
| 32. You are a few weeks into your internship and your transportation or childcare plan has fallen though. What are your next steps?                                                                                          |            |                  |                  |                |                  |
|                                                                                                                                                                                                                              |            |                  |                  |                |                  |

| 33. What year did you graduate from high school?                     |       |
|----------------------------------------------------------------------|-------|
|                                                                      |       |
|                                                                      |       |
| 34. Are you enrolled in any kind of school, college, or training pro | gram? |
| ○ No                                                                 |       |
| Yes If yes, where and what are you studying?                         |       |
|                                                                      |       |



## Upload your resume

35. Upload your resume by clicking below.

Choose File

Choose File

No file chosen



X3 Internship Application

References and Signatures

Please provide the names of two people who could support your candidacy for this internship. It is required that one reference be a teacher or staff member at your school, college, or training program, and the other be someone who has worked with you in a project or activity outside of school (at a job, community activity, sports team, etc.).

| 36. Reference #1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |
| Relationship to Applicant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |  |
| Job/ Title                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |  |
| Email Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |
| Phone Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |  |
| 37. Reference #2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |  |  |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |
| Relationship to Applicant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |  |
| Job/ Title                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |  |
| Email Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |
| Phone Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |  |
| * 38. Note: If you are younger than 18, your parent or guardian will be required to sign a permission form allowing you to continue the application process. After this application has been submitted, the signature page will be emailed and/or mailed to the address you provided on this form.    I am 18 or older so this does not apply.   I understand that my parent or guardian will be required to sign a permission form.  39. By signing below, you verify that all information you have provided in this application is true and accurate. |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |  |