To Applicant:

We, at Kaiser Permanente, are pleased to welcome your application for our KP LAUNCH* High School Summer Youth Employment Program (SYEP). Please look over the attached application and complete ALL forms in their entirety including 2 letters of reference. Instructions for a letter of reference can be found at the end of this application packet.

Criteria
- Must be between the ages of 16 and 20.
- Program does give priority to Junior or Senior high school students, but this does not discourage others from applying.
- Must be a high school student or recent high school graduate.

Requirements
- Students under age 18 must submit a valid work permit covering the entire length of the Program. The permit must be received prior to the start of the Program for the Student to participate in the Program.
- Applicants must be eligible to work in the United States. Students chosen to participate will be required to provide documentation of eligibility to work in the United States. Please visit the following website for acceptable employment eligibility documentation: [http://www.uscis.gov/files/form/i-9.pdf](http://www.uscis.gov/files/form/i-9.pdf).
- Accepted applicants are required to complete a health screening including a TB test, necessary hire documentation, a drug screening test, and a background check for students who are over 18. These pre-conditions will be arranged by the Kaiser Permanente facility at which the student is assigned, and must be completed prior to the internship start date in order to begin work.
- For applicants under 18, a parent or guardian must consent to a minor student’s health screening, TB test, and urinalysis drug-screening. Consent must be received along with the completed application.
- All accepted applicants must begin work by the middle part of June 2013, the first day of the program and must make every attempt to work the agreed upon schedule, Monday through Friday, through middle part of August 2013.
- SYEP employees must attend the 4-hour, paid, weekly Education Days.
- SYEP employees must be prompt, dependable and willing to adhere to all Kaiser Permanente policies and professional work setting guidelines. No cellular phones, pagers, headphones, ipods, hand-held games, or other electronic devices are allowed while working or during Education Days. Kaiser Permanente is a non-smoking environment. Smoking is not allowed anywhere on campus.

Please complete and return, with all necessary signatures:
- Program Application (signature required on page 5)
- Intern Eligibility Statement (signature required on page 7)
- Parental Consent Form (parent signature required on page 8)
- 2 Reference Letters (Refer to page 10)
- Resume (Refer to page 10)

If you are unable to commit to these standards, please reconsider your application.

Thank you,
APPLICATION

Program Overview
A Community Benefit Program geared primarily toward 11th and 12th grade students, the Kaiser Permanente LAUNCH High School Summer Youth Employment Program (SYEP) has been creating opportunities for underserved high school student populations since 1968. We offer paid summer work experience at Kaiser Permanente facilities throughout California and encourage students to consider that life long learning and earning power begins with a high school diploma. There are a wide variety of health care and health care support jobs available, and many students who have participated in the SYEP have chosen health care-related fields after graduation – some of them right here at Kaiser Permanente.

As a SYEP student, you'll be paid for your time, working in one of our departments while learning about careers in health care. Additionally, when a certified Regional Occupational Program (ROP) teacher is involved and you complete the various components of the program, you can earn up to 10 Cooperative Vocational Education (CVE) units. These units may be added to the total units required for high school graduation.

Education Days
Students receive a formal Orientation to the Program, which is designed to assist them in understanding:
1) the expectations that the organization has of them;
2) the learning opportunities that are available to them; as well as
3) the wide variety of career options that are available within the health care field. The workforce preparation activities are reinforced and embedded in a weekly education half-day that includes several components:

Mini Workshops – Topics such as: Dressing for success, how to prepare cover letters, resumes, and interviews, conflict management, and diversity in the workplace are presented.
Manager Presentations – KP employees speak about how they got from the students age to where they are in their current career in the “There to Here” manager presentation component.
Toastmasters Youth Leadership Program – A member of Toastmasters International guides the students through public speaking skills using the "Toastmasters Youth Leadership Program" materials.
Skills Demonstration Project – Working with an assigned partner, students will interview Kaiser Permanente department managers and learn how each department supports health care service delivery through formal presentations from their peers. In the process, students will learn how to access, analyze, format, and present information in an effective and professional manner.

Students will have a mentor for at least two of the Education Days. College interns from the Kaiser Permanente LAUNCH INROADS Program will discuss how higher education can help your career and will answer any questions you have about college and planning for your future.

For more information, visit the KP LAUNCH Summer Youth Employment Program website:

http://xnet.kp.org/hr/ca/youth/syep/index.htm
SUMMER YOUTH EMPLOYMENT PROGRAM

SUMMER YOUTH EMPLOYMENT PROGRAM APPLICATION
(Please Print in Blue or Black Ink)

TO THE APPLICANT: KAISER FOUNDATION HEALTH PLAN, INC., KAISER FOUNDATION HOSPITALS (TOGETHER KFHPH), KFHPH’S SUBSIDIARIES, SOUTHERN CALIFORNIA PERMANENTE MEDICAL GROUP, AND THE PERMANENTE MEDICAL GROUP, INC. (“KAISER PERMANENTE”) ARE EQUAL OPPORTUNITY EMPLOYERS. KAISER PERMANENTE MAKES EMPLOYMENT DECISIONS BASED ON QUALIFICATIONS ONLY WITHOUT REGARD TO RACE, RELIGION, COLOR, NATIONAL ORIGIN, ANCESTRY, SEX, AGE, MARITAL STATUS, DISABILITY, MEDICAL CONDITION, SEXUAL ORIENTATION, VETERAN STATUS, OR OTHER NON-JOB RELATED FACTORS PROHIBITED BY APPLICABLE FEDERAL, STATE, OR LOCAL LAWS. KAISER PERMANENTE PROVIDES APPLICANTS WHO HAVE DISABILITIES WITH REASONABLE ACCOMMODATIONS TO ASSIST IN THE INTERVIEW/HIRING PROCESS. APPLICANTS REQUIRING ACCOMMODATIONS SHOULD CONTACT THE HUMAN RESOURCES OFFICE. KAISER PERMANENTE IS A SMOKE-FREE WORKPLACE. THIS DOCUMENT MUST BE COMPLETED IN ITS ENTIRETY BEFORE AN OFFER OF EMPLOYMENT CAN BE AUTHORIZED.

PERSONAL DATA

<table>
<thead>
<tr>
<th>NAME (LAST)</th>
<th>(FIRST)</th>
<th>(MIDDLE)</th>
<th>TODAY’S DATE</th>
<th>ADDRESS (NUMBER)</th>
<th>(STREET)</th>
<th>(APARTMENT #)</th>
<th>HOME TELEPHONE</th>
<th>ALTERNATE PHONE</th>
</tr>
</thead>
</table>

| CITY | STATE | ZIP CODE | SOCIAL SECURITY NUMBER (REQUIRED) | EMAIL ADDRESS: | DATE OF BIRTH: / / |
|------|-------|----------|-----------------------------------|----------------|-----------------

KAISER PERMANENTE REQUIRES THAT STUDENTS SELECTED FOR THE PROGRAM THAT ARE 18 YEARS OF AGE OR OLDER MUST COMPLETE THE KAISER PERMANENTE APPLICATION FOR EMPLOYMENT IN ADDITION TO THE SYEP APPLICATION.

ARE YOU PRESENTLY 18 YEARS OF AGE OR OLDER? [ ] YES [ ] NO
IF “NO”, WILL YOU BE 18 BEFORE JUNE 1st? [ ] YES [ ] NO

EMERGENCY CONTACT PERSONS (NAME, RELATIONSHIP AND TELEPHONE NUMBER)
1) 
2)

HAVE YOU EVER BEEN EMPLOYED BY KAISER PERMANENTE OR ANY OTHER KAISER ORGANIZATION? [ ] YES [ ] NO
IF YES, NAME OF FACILITY OR ORGANIZATION WHEN
WHERE
POSITION HELD
NAME USED

WERE YOU A PRIOR KAISER PERMANENTE HIPPOCRATES CIRCLE STUDENT? [ ] YES, WHEN: WHERE: [ ] NO
ARE YOU OR HAVE YOU EVER BEEN A KAISER PERMANENTE VOLUNTEER? [ ] YES, WHEN: WHERE: 

DO YOU HAVE RELATIVES OR A LEGAL GUARDIAN WORKING FOR KAISER PERMANENTE? IF YES, INDICATE RELATIONSHIP, DEPARTMENT, LOCATION [ ] YES; RELATION/DEPT/LOCATION: [ ] NO

IF HIRED, YOU WILL BE REQUIRED TO FURNISH PROOF THAT YOU ARE LEGALLY AUTHORIZED TO WORK FOR KAISER PERMANENTE IN THE UNITED STATES. PLEASE VISIT THE FOLLOWING WEBSITE FOR ACCEPTABLE EMPLOYMENT ELIGIBILITY DOCUMENTATION: http://www.uscis.gov/files/form/i-9.pdf. CAN YOU FURNISH SUCH PROOF?
[ ] YES [ ] NO

REFERENCES (NON-RELATIVES)

<table>
<thead>
<tr>
<th>NAME</th>
<th>TELEPHONE NUMBER</th>
<th>HOW DOES THIS PERSON KNOW YOU</th>
<th>OCCUPATION</th>
</tr>
</thead>
</table>

LAUNCH (Learn About Unlimited New Careers in Health Care) © 2011 by Kaiser Foundation Health Plan. All rights reserved. A Community Benefit Program

KAISER PERMANENTE 748392 v1 3/25/2013
### EDUCATION INFORMATION

<table>
<thead>
<tr>
<th>CURRENT SCHOOL NAME</th>
<th>CURRENT SCHOOL ADDRESS / PHONE NUMBER</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>COUNSELOR’S NAME</th>
<th>GRADE YOU WILL COMPLETE THIS YEAR</th>
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</table>

### EMPLOYMENT / VOLUNTEER / LEADERSHIP EXPERIENCE

**LIST CURRENT AND PREVIOUS WORK EXPERIENCE (INCLUDE VOLUNTEER WORK AND/OR LEADERSHIP ACTIVITIES)**

<table>
<thead>
<tr>
<th>COMPANY NAME / ADDRESS / PHONE</th>
<th>DATES EMPLOYED</th>
<th>JOB TITLE AND DUTIES PERFORMED</th>
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<tbody>
<tr>
<td>FROM:</td>
<td>TO:</td>
<td>TITLE:</td>
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<td>TITLE:</td>
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<td>DUTIES:</td>
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### LANGUAGE PROFICIENCY (OTHER THAN ENGLISH)

<table>
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<th>WRITES</th>
<th>SPEAKS</th>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>AMERICAN SIGN LANGUAGE (SIGN)</th>
<th>[ ] YES</th>
<th>[ ] NO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

### SKILLS

**TYPE OF COMPUTER SOFTWARE SKILLS (CHECK ALL THAT APPLY):**

- [ ] Excel
- [ ] Word
- [ ] PowerPoint
- [ ] Access
- [ ] Adobe Photoshop

- [ ] Typing, words/minute: [ ] OTHER:
OTHER LIST OTHER SKILLS:

APPLICANT STATEMENT

THIS APPLICATION IS SUBMITTED WITH THE UNDERSTANDING THAT ALL JOB OFFERS ARE CONDITIONAL AND WILL NOT BE CONFIRMED UNTIL SATISFACTORY COMPLETION OF A PRE-EMPLOYMENT HEALTH SCREENING AND URINALYSIS DRUG TEST. I HEREBY CONSENT TO SUCH REQUIRED SCREENING AND DRUG TESTING AND TO THE INCLUSION OF A STATEMENT WHETHER I HAVE PASSED OR FAILED THE SCREENING IN MY PERSONNEL FILE.

I HEREBY AUTHORIZE KAISER PERMANENTE TO SOLICIT ALL INFORMATION RELEVANT TO THIS APPLICATION. THIS AUTHORIZATION INCLUDES BUT IS NOT LIMITED TO, MY ACADEMIC BACKGROUND, MY REFERENCES, AND MY EMPLOYMENT HISTORY. IF I AM OVER 18 I ALSO UNDERSTAND THAT I WILL BE REQUIRED TO COMPLETE THE KAISER PERMANENTE JOB APPLICATION IN ADDITION TO THIS APPLICATION AND THAT KAISER PERMANENTE WILL PERFORM A CRIMINAL BACKGROUND CHECK. I AUTHORIZE AND REQUEST ALL PERSONS, SCHOOLS, EMPLOYERS GOVERNMENTAL, LAW ENFORCEMENT AND OTHER AGENCIES TO RELEASE SUCH REQUESTED INFORMATION TO KAISER PERMANENTE.

I ALSO UNDERSTAND THAT ALL JOB OFFERS ARE CONTINGENT UPON RECEIPT OF SATISFACTORY VERIFICATION OF ALL OF THE ABOVE INFORMATION INCLUDING VERIFICATION OF MY ABILITY TO PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION THAT I HAVE APPLIED FOR.

I CERTIFY THAT THE ANSWERS I HAVE PROVIDED ABOVE ARE TRUE, CORRECT AND COMPLETE AND THAT I HAVE NOT KNOWINGLY WITHHELD ANY FACTS. I UNDERSTAND ANY FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACTS ARE SUFFICIENT REASONS FOR DISQUALIFICATION FROM FURTHER CONSIDERATION FOR EMPLOYMENT OR DISMISSAL AT ANY TIME DURING EMPLOYMENT SHOULD I BECOME EMPLOYED AT KAISER PERMANENTE.

I ALSO UNDERSTAND THAT IF I AM EMPLOYED BY KAISER PERMANENTE, MY EMPLOYMENT CAN BE TERMINATED AT ANYTIME WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE EXCEPT AS MAY BE MODIFIED BY AN APPLICABLE COLLECTIVE BARGAINING AGREEMENT.

APPLICANT'S SIGNATURE:  DATE:
**ADDITIONAL INFORMATION**

**WILL YOU BE ATTENDING SUMMER SCHOOL**

- [ ] YES
- [ ] NO
- [ ] NOT SURE; IF “YES”, DURING WHAT TIME WILL YOU BE IN SCHOOL? __________ - __________ (EX: 8:30 AM – 12:30 PM)

**WILL YOU BE ON VACATION OR OUT OF TOWN ANY TIME BETWEEN JUNE 1ST AND AUGUST 20TH?**

- [ ] YES, WHEN: __________
- [ ] NO

**HOW DID YOU HEAR ABOUT THE SUMMER YOUTH EMPLOYMENT PROGRAM?**

- [ ] COUNSELOR/TEACHER
- [ ] FRIEND
- [ ] SCHOOL CAREER FAIR
- [ ] PRESENTATION
- [ ] BROCHURE
- [ ] KAISER PERMANENTE PHYSICIAN/EMPLOYEE
- [ ] SYEP WEBSITE
- [ ] OTHER: __________________________

**BACKGROUND INFORMATION**

**NUMBER OF FAMILY MEMBERS (INCLUDING YOURSELF) PRESENTLY LIVING IN THE SAME HOUSEHOLD?**

<table>
<thead>
<tr>
<th>PARENT 1</th>
<th>PARENT 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] DID NOT GRADUATE HIGH SCHOOL</td>
<td>[ ] HIGH SCHOOL</td>
</tr>
<tr>
<td>[ ] SOME COLLEGE [ENROLLED, BUT HASN’T YET OR DIDN’T GRADUATE]</td>
<td>[ ] ASSOCIATES DEGREE OR TRAINING PROGRAM</td>
</tr>
<tr>
<td>[ ] BACHELOR’S DEGREE</td>
<td>[ ] GRADUATE OR PROFESSIONAL DEGREE/LICENSE (EX: PHD, MASTER’S DEGREE, ADVANCED PROFESSIONAL LICENSE)</td>
</tr>
</tbody>
</table>

**NUMBER OF FAMILY MEMBERS (INCLUDING YOURSELF) UNDER 21 AT HOME:**

**HAVE ANY OF THE FOLLOWING MEMBERS OF YOUR FAMILY ATTENDED COLLEGE OR ARE CURRENTLY ATTENDING COLLEGE?**

- [ ] A GRANDPARENT: YES [ ] NO
- [ ] AN AUNT/UNCLE/COUSIN: YES [ ] NO
- [ ] A BROTHER/SISTER: YES [ ] NO

**DO EITHER OF YOUR PARENTS/LEGAL GUARDIAN WORK IN HEALTH CARE?**

- [ ] YES
- [ ] NO

**DO ANY OTHER FAMILY MEMBERS WORK IN HEALTH CARE?**

- [ ] YES
- [ ] NO

**WHAT ARE YOUR PARENTS/LEGAL GUARDIAN’S HIGHEST LEVELS OF EDUCATION COMPLETED? (CHECK ONE PER PARENT IF KNOWN)**

<table>
<thead>
<tr>
<th>PARENT 1</th>
<th>PARENT 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] DID NOT GRADUATE HIGH SCHOOL</td>
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</tr>
<tr>
<td>[ ] BACHELOR’S DEGREE</td>
<td>[ ] GRADUATE OR PROFESSIONAL DEGREE/LICENSE (EX: PHD, MASTER’S DEGREE, ADVANCED PROFESSIONAL LICENSE)</td>
</tr>
</tbody>
</table>

**WHAT IS YOUR BEST ESTIMATE OF YOUR FAMILY’S TOTAL INCOME LAST YEAR? CONSIDER INCOME FROM ALL SOURCES BEFORE TAXES.**

- [ ] 0-$16,000
- [ ] $16,001-$30,000
- [ ] $30,001-$50,000
- [ ] $50,001-$60,000
- [ ] $60,001-$80,000
- [ ] OVER $80,000

**SPECIAL INTERESTS AND HOBBIES**

**LIST THE THREE (3) SUBJECTS IN SCHOOL IN ORDER OF PREFERENCE THAT YOU ARE MOST INTERESTED IN**

1) __________
2) __________
3) __________

**LIST THREE (3) CAREERS / DEPARTMENTS IN ORDER OF PREFERENCE THAT YOU ARE INTERESTED IN LEARNING MORE ABOUT**

1) __________
2) __________
3) __________

**POLO SHIRTS**

STUDENTS ACCEPTED INTO THE PROGRAM WILL RECEIVE POLO SHIRTS THAT ARE AVAILABLE IN ADULT SIZES. PLEASE CHECK YOUR PREFERRED POLO SHIRT SIZE SHOULD YOU BE SELECTED AS AN INTERN.

- [ ] SM
- [ ] MED
- [ ] LG
- [ ] XL
- [ ] 2XL
- [ ] 3XL
ELIGIBILITY STATEMENT

Name:                                      Primary Telephone #: 
                                          Secondary Telephone #: 

Describe an obstacle or challenge facing you, your family, your school, or your community. What have you done (or what do you plan to do) to address this challenge? (Please write legibly)

___________________________________________________________________________________
___________________________________________________________________________________
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___________________________________________________________________________________

I understand that the Kaiser Permanente Summer Youth Employment Program guidelines for eligibility require that I must be a high school student or a recent high school graduate. If I am under the age of 18, I must obtain a work permit and the consent of a parent or guardian. I am not eligible for this program if I have a parent or legal guardian employed by Kaiser Permanente.

Signature                                       Date
PARENT / LEGAL GUARDIAN CONSENT FORM
We are pleased to consider your child for the KP L.A.U.N.C.H. Summer Youth Employment Program. Please complete this parental/legal guardian consent form and have your child return it with his/her completed Summer Youth Employment Program application packet. Thank you for your cooperation.

My child, (insert name) ______________________________________ has my consent to participate in the Summer Youth Employment Program should he/she be selected as a SYEP Intern. I assume all responsibility for his/her service in this Program to be in accordance with the policies, procedures, and expectations of Kaiser Permanente employees. I have reviewed the description of the Program. My child may participate in all activities in connection with his/her assigned duties, with or without accommodation.

Please initial below regarding the following:

I hereby authorize Kaiser Permanente to administer a pre-employment health screening, TB testing, and an urinalysis test to determine the presence of illegal or inappropriate use of illegal drugs as a condition of my child’s employment. I consent to such required screening and drug testing and to the inclusion of a statement whether my child has passed or failed the screening in his/her personnel file.

I hereby authorize Kaiser Permanente to solicit all information relevant to my child’s application. This authorization includes but is not limited to, a criminal background check (if student is over 18), an academic background check, employment history and reference check. I authorize and request all persons, schools, employers, governmental and other agencies to release such requested information to Kaiser Permanente.

In the event I cannot be contacted, I hereby give permission for Kaiser Permanente to administer emergency health care to my child.

I give Kaiser Permanente permission to furnish transportation and to transport my child to special events or as needed as a condition of employment. I, forever release Kaiser Permanente and any affiliated organization, and their respective directors, officers, employees, volunteers, agents, contractors, and representatives (collectively “Releasees”) from any and all actions, claims, or demands for injury, death, or property damage, related to my child being transported as part of the Summer Youth Employment Program.

This permission is valid only during the student’s working hours at Kaiser Permanente and for the duration of the Summer Youth Employment Program to which my child is applying, with the exception of any photographs/video recordings taken as they may be granted unlimited use by Kaiser Permanente.

______________________________________________  ________________
Student signature (required for students 18 and over)  Date

Parent/Guardian** Signature  Date

** Required for students under 18 years of age.
BUSINESS CASUAL ATTIRE AND INTERVIEWING TIPS

Should you be called in for an interview (and if hired by Kaiser Permanente), please follow the Business Casual Attire Guidelines

1. Examples of Casual Business Attire:
   Appropriate business attire should couple traditional career wardrobe items with more comfortable styles still associated with a professional environment.
   • Examples for Men: Button-down shirt, polo shirt, or dress shirt/sweater with matching slacks or khakis. Suitable footwear includes loafers, wing tips, or other clean leather shoes / dress shoes.
   • Examples for Women: Cotton blouses, short or long sleeve blouses/sweater, button-front shirts, slacks, khakis or mid-length skirts, and casual dresses are appropriate. Suitable footwear includes closed toed heels with back, short heels, boots or other clean leather shoes / dress shoes.

2. Inappropriate Attire:
   Casual dress is meant to be comfortable. However, please do not wear:
   • Clothing that shows midriff, back, or cleavage
   • Clothing that is excessively loose, tight, wrinkled or in need of repair
   • Jeans, shorts, sweat pants or spandex (of any color or type)
   • Hats (other than head coverings worn for religious purposes)
   • Open toed shoes, sandals, thongs, flip-flops, clogs, dirty athletic shoes, etc.
   • T-shirts, sweat shirts, tank tops or spaghetti straps
   • Piercings worn in the face or mouth (tongue / nose / eye brow / lip rings, etc.)
   • Hair dyed or colored an unnatural color (blue, green, pink, purple, etc.)

QUICK INTERVIEWING TIPS

• Be prompt. Arrive least 15 minutes early. Early is on time, on time is late, and late is unacceptable!
• No smoking, no gum chewing, no coffee drinking during interview.
• Dress appropriately. Before leaving, ask yourself what would you think if someone showed up for an interview, or for work, dressed as you are?
• Exude confidence. Always convey a positive attitude.
• Good posture, no slouching. Project an air of poise and confidence, not nervousness or laziness.
• Maintain good eye contact. Good eye contact will project a high interest and strong self-confidence.
• Good hygiene. Wear clean clothes and remember, use very little or no perfume or cologne.
• Do ask questions. Great questions to ask in a job interview: "What are you most hoping to find in the person you hire?" and "What would be my first priorities on the job?"
• Tailor responses to the company’s needs. Research information about the company and emphasize what you can bring to the company.
• Let the interviewer take control. General rule: speak 1/3 of the time; no more than 1/2 of the time.

Before leaving home, check to be sure you have:
• Portfolio/Notebook or pad and pen to take notes and extra resume copies.
• Directions and the name and telephone number of the interviewer.
• Change for public transportation, parking meter, or phone.
REFERENCE LETTERS AND RESUME SAMPLE

Instructions for Reference Letter
Please include 2 letters of reference from an adult (not related to you) who is familiar with your character and any of the following areas: previous/current employment, volunteer work, schoolwork, extra-curricular activities. He/she should speak to your maturity level and work ethic, and explain why you would be a good candidate for the Summer Youth Employment Program. The addressee should include their name, address, and telephone number in their letter.

Resume - Sample Document of Student Resume

<table>
<thead>
<tr>
<th>YOUR NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Address</td>
</tr>
<tr>
<td>Email Address</td>
</tr>
<tr>
<td>Home telephone number</td>
</tr>
<tr>
<td>Cell phone number</td>
</tr>
</tbody>
</table>

(Examples)

OBJECTIVE
(School and future career plans)

- To enroll in a two or four-year college that has a Nursing Program and obtain a BSN degree
- To enroll in a four-year college and major in (Business, Liberal Arts, Engineering, Computer Science, etc…) for a future business/management career in health care
- To enroll in a two or four-year college and concentrate in the science field for a future Allied Health career (ex: Pharmacy, Physical Therapy, Imaging, Respiratory Therapy, Laboratory, Behavioral Health, etc…)
- To become a future Emergency Room Physician, Surgeon, etc…

EXPERIENCE

June 09 to Aug. 09
Kaiser Permanente, Pasadena, CA
Summer Youth Employment Program Intern
- Assisted in the preparation of 3 Recruitment career fairs by preparing materials for 500+ candidates
- Re-organized, alphabetized, and verified completeness of 2000+ Employee Files
- Created and presented 5-minute PowerPoint presentation to 10 peers and 10 KP Staff members on Pharmacy department through interviewing 2 department managers and conducting internet research

Nov. 08 to Jan. 09
Macy’s, Hilltop Mall, Richmond, CA
Christmas Helper, Gift Wrap
- Wrapped up to 25 presents per day according to customer designation achieving 100% satisfaction
- Greeted 30 customers per hour answering questions without direct supervision
- Demonstrated excellent customer service skills by greeting customers, providing product knowledge, and answering questions concerning location, price, and style of merchandise

Nov. 07 to Jan. 09
Kennedy Elementary School, Fresno, CA
Volunteer / Tutor
- Provided one on one math support to three 4th grade students per week
- Created tailored lesson plans to meet each students needs, helping to improve test scores by 20%
<table>
<thead>
<tr>
<th>EDUCATION</th>
<th>WEST HIGH SCHOOL, 20401 Victor Street, Torrance, CA</th>
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<tbody>
<tr>
<td></td>
<td>11th Grade Student, GPA 3.0</td>
</tr>
<tr>
<td>RECOGNITION / EXTRA-CURRICULAR ACTIVITIES</td>
<td>2007 – 2009 West High School Basketball, Varsity team member</td>
</tr>
<tr>
<td></td>
<td>2006 – 2007 Kaiser Permanente Student Volunteer, Riverside Medical Center</td>
</tr>
<tr>
<td></td>
<td>2007 Future Business Leaders of America (FBLA), Member</td>
</tr>
<tr>
<td>SKILLS</td>
<td>Word, Excel, PowerPoint, Access, Adobe Photoshop, Auto CAD, Internet Research, etc...</td>
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</table>
VIDEO/PHOTOGRAPHY CONSENT
PERSONAL RELEASE AGREEMENT

I hereby grant Kaiser Foundation Health Plan, Inc. (KFHP), Kaiser Foundation Hospitals (KFH), The Permanente Medical Group, Inc. (PMG), also commonly known as the Kaiser Permanente Medical Care Program (“Program”), their personnel or contractors, all rights and consent to copyright, use, or re-use, publish, or re-publish, copy, exhibit or distribute all photographs, videotapes, motion picture films and or audio tapes involving the use of my voice or image, by the Program for internal use, educational use, advertising or promotion without restriction as to frequency or duration of usage and without compensation to me.

Scope of Consent. The Participants may use my name and such photographs, recordings and/or images for any and all purposes including art, advertising, promotional, educational, and web, and in all media, including electronic, digital, broadcast, and print media, without further compensation to me.

This agreement may only be modified in writing signed by the parties.

I hereby certify that I am at least 18 years of age and have full right and authority to grant the consent and rights in my own name in this agreement. I have read the above consent and agreement, prior to its execution, and I am fully familiar with the contents thereof. I hereby grant my permission and consent to all the foregoing.

Signed:  
Name:  
Address:  
Date & Time:  
Witness:  

PROJECT/VIDEO TITLE:  
PROJECT NUMBER:  

adult consent w/o compensation
VIDEO/PHOTOGRAPHY CONSENT
PERSONAL RELEASE AGREEMENT

I hereby grant Kaiser Foundation Health Plan, Inc. (KFHP), Kaiser Foundation Hospitals (KFH), The Permanente Medical Group, Inc. (PMG), also commonly known as the Kaiser Permanente Medical Care Program (“Program”), their personnel or contractors, all rights and consent to copyright, use, or re-use, publish, or re-publish, copy, exhibit or distribute all photographs, videotapes, motion picture films and or audio tapes involving the use of my child’s voice or image, by the Program for internal use, educational use, advertising or promotion without restriction as to frequency or duration of usage and without compensation to me.

**Scope of Consent.** The Participants may use my name and such photographs, recordings and/or images for any and all purposes including art, advertising, promotional, educational, and web, and in all media, including electronic, digital, broadcast, and print media, without further compensation to me.

This agreement may only be modified in writing signed by the parties.

I hereby certify that I am the parent or legal guardian of ______________________ (name) and have full right and authority to grant the consent and rights in this agreement. I have read the above consent and agreement, prior to its execution, and I am fully familiar with the contents thereof. On behalf of __________________ I hereby grant my permission and consent to all the foregoing.

Signed: ________________________________

Name of Parent or Legal Guardian: ________________________________

Address: ____________________________________________

_______________________________________________________

Date & Time: ________________________________

Witness: ________________________________________

PROJECT/VIDEO TITLE: ________________________________

PROJECT NUMBER: ________________________________

child consent w/o compensation