



Transportation Spatial and Data Analysis and Bikeway Design Internships (part-time)

City of Oakland, Department of Transportation

The City of Oakland Department of Transportation (OakDOT) is seeking to fill two part-time positions in the Bicycle & Pedestrian Program. These unique internships will provide the successful candidates an opportunity to learn about and practice the skills needed for careers in the active transportation field. The interns will help accomplish the objectives of Oakland's Bicycle and Pedestrian Plans, and work as core members of the Bicycle & Pedestrian Program. (For more information about the program, go to www.oaklandbikes.info.)

Typical Duties of the two internships are as follows:

Transportation Spatial and Data Analysis Intern

- Help create, maintain, convert, analyze, and refine database and GIS data
- Create GIS-based maps for projects and programs, applying cartographic standards
- Prepare custom maps and visualizations

Bikeway Design Intern

- Document field conditions and collect data to inform project development and implementation
- Apply design guidelines and use AutoCAD templates to draft striping plans, develop project specifications, and create bid documents for construction contracts
- Field review the work of striping contractors/staff to ensure conformation to design standards and document changes in as-built striping plans

Desired Qualifications

- Comfort working in the field without supervision, and on projects in a self-directed manner
- Creative problem-solving skills, and strong analytic skills
- Education and career goals in active transportation design, planning, and policy
- Demonstrated ability to work as part of a team including excellent interpersonal communication skills
- Fluency with GIS and/or AutoCAD software (as applicable to each internship) and standard office applications (Word, Excel, Access)

Competitive candidates will have a strong interest in active transportation and higher-than-average computer skills.

Student status: The student internship is open only to current college students or those who are returning to school imminently.

Classification: This position is an intern classification, Student Trainee.

The pay is approximately \$26.00 per hour. Interns are expected to work no fewer than 15 hours per week for at least eight (8) months. Candidates who are available 20 hours/week for up to two years will be more competitive. Interns may work a maximum of 975 hours per fiscal year (July 1 to June 30). The anticipated start date is March 2019.

How to apply

- Applications must be received on or before **Thursday, November 15, 2018**.
- Emailed applications will not be accepted.
- Please do NOT include plastic binding of any kind; it will be discarded before review.

Applications must include (in the following order):

1. **completed checklist** (see page 3);
2. **cover letter** highlighting relevant experiences and qualifications and describing your interest in the position;
3. **resume**; and
4. **completed City of Oakland Employment Application form** (attached).

Mail above documents to:

Jennifer Stanley, Bicycle & Pedestrian Facilities Coordinator
City of Oakland, Department of Transportation
250 Frank Ogawa Plaza, Suite 4344
Oakland, CA 94612

If you have questions, please contact Jennifer Stanley at (510) 238-3983 or jstanley@oaklandca.gov.

Announcement posted: **October 25, 2018**

OakDOT Bicycle & Pedestrian Program Internship Application Checklist

You must include this checklist with your application.

1. Name:

2. What school are you attending as a student?

3. What is your course of study (field, degree/certificate)?

4. When do you anticipate completing this course of study (month/year)?

5. After graduation, do you expect to go back to school?

Yes. No. (If yes, please explain when and where in your cover letter.)

6. My schedule will allow me to work 15 hours (two days) per week on average for the next eight months:

Yes. No. (If no, please explain in your cover letter.)

7. How did you learn about this internship?



City of Oakland Employment Application

Exact title of position for which you are applying:

Human Resources Management

150 Frank H. Ogawa Plaza, 2nd Floor, Oakland, CA 94612-2019 ☎ (510) 238-3112 ✦ (510) 238-3111 (Job Hotline) ✦ (510) 238-3254 (TDD)

Web Site: www.oaklandnet.com

1. LAST NAME		FIRST NAME		MI		
2. CURRENT ADDRESS		NUMBER & STREET	APT. NO.	CITY	STATE	ZIP CODE
3. HOME PHONE		4. BUS. PHONE		5. EMAIL		
6. Are You Now, OR Have You Ever, Been Employed By the City of Oakland: <input type="checkbox"/> Yes <input type="checkbox"/> No				7. OTHER NAMES USED WHILE EMPLOYED BY THE CITY OF OAKLAND:		
If "YES": FROM/TO _____ Department / Class Title _____				_____		
8. Type of employment that you will accept: <input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time				9. DO YOU HAVE A HIGH SCHOOL DIPLOMA OR EQUIVALENT? <input type="checkbox"/> Yes <input type="checkbox"/> No		
10. NAME, CITY & STATE OF HIGH SCHOOL, COLLEGES/UNIVERSITIES ATTENDED		UNITS COMPLETED SEMESTER QUARTER		COURSE OF STUDY/MAJOR	TYPE OF DEGREE:	COMPLETED: YES NO
						<input type="checkbox"/> <input type="checkbox"/>
						<input type="checkbox"/> <input type="checkbox"/>
						<input type="checkbox"/> <input type="checkbox"/>
11. OTHER RELEVANT COURSES AND TRAINING		NAME AND LOCATION OF INSTITUTION		LENGTH OF COURSE		ENDED
12. PROFESSIONAL LICENSE OR CERTIFICATE, IF REQUIRED		CERTIFICATE NUMBER		DATE ISSUED		EXPIRATION DATE
13. LIST ANY FOREIGN LANGUAGES YOU CAN SPEAK, READ OR WRITE FLUENTLY		14. PLEASE INDICATE VALID DRIVER'S LICENSE OR ID NUMBER, STATE, EXPIRATION DATE				
Language _____ Speak ____ Read ____ Write ____						
15. DESIGNATE SKILLS, IF REQUIRED FOR THIS POSITION. (Note: Testing of skills may be required prior to or following selection.)				FOR OFFICIAL USE ONLY:		
Typing Speed _____ wpm Data Entry Speed _____ wpm				Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>		
16. NAME, ADDRESS AND PHONE NUMBER OF EMERGENCY CONTACT				Education <input type="checkbox"/> Experience <input type="checkbox"/>		
NAME _____		PHONE _____		License <input type="checkbox"/> Met MOs/Scrnd <input type="checkbox"/>		
ADDRESS _____		CITY _____		Other <input type="checkbox"/> CSB Rule 4.06 <input type="checkbox"/>		
				Initials _____ Date _____		
Certificate of Applicant: I certify that all statements made in the application are true and I agree and understand that misstatements or omissions of any material will subject me to disqualification or dismissal.				The City of Oakland complies with all Federal, State and local laws mandating Equal Employment Opportunities. If you feel you have been treated unfairly or discriminated against because of race, color, religion, national origin, ancestry, sex, gender, age, veteran status, disability, marital status, or gender identity, or sexual orientation, please contact the City's Equal Opportunity Programs Division at (510) 238-3500.		
Signature: _____				Date: _____		

This Section MUST be filled out or your application may not be considered. You may also attach a resume or other relevant documents to further describe your qualifications.

17. EXPERIENCE: Begin with your most recent experience. List all employment in the last SEVEN years that is related to the job for which you are applying. Indicate Self-employment, U.S. Military Service and Volunteer Experience. Indicate "Volunteer" in the duties section. **Include details that meet the minimum requirements of the position.**

FROM Mo/Yr	EMPLOYER (BUSINESS OR AGENCY NAME)	TITLE OF YOUR POSITION	NO. EMPLOYEES SUPERVISED BY YOU
TO Mo/Yr	ADDRESS CITY STATE ZIP	NAME OF SUPERVISOR	SUPERVISOR'S PHONE NO.
Hrs. PER Wk.	DUTIES:		
MILITARY SERVICE? Yes No			

REASON FOR LEAVING

FROM Mo/Yr	EMPLOYER (BUSINESS OR AGENCY NAME)	TITLE OF YOUR POSITION	NO. EMPLOYEES SUPERVISED BY YOU
TO Mo/Yr	ADDRESS CITY STATE ZIP	NAME OF SUPERVISOR	SUPERVISOR'S PHONE NO.
Hrs. PER Wk.	DUTIES:		
MILITARY SERVICE? Yes No			

REASON FOR LEAVING

FROM Mo/Yr	EMPLOYER (BUSINESS OR AGENCY NAME)	TITLE OF YOUR POSITION	NO. EMPLOYEES SUPERVISED BY YOU
TO Mo/Yr	ADDRESS CITY STATE ZIP	NAME OF SUPERVISOR	SUPERVISOR'S PHONE NO.
Hrs. PER/Wk.	DUTIES:		
MILITARY SERVICE? Yes No			

REASON FOR LEAVING

FROM Mo/Yr	EMPLOYER (BUSINESS OR AGENCY NAME)	TITLE OF YOUR POSITION	NO. EMPLOYEES SUPERVISED BY YOU
TO Mo/Yr	ADDRESS CITY STATE ZIP	NAME OF SUPERVISOR	SUPERVISOR'S PHONE NO.
Hrs. PER Wk.	DUTIES:		
MILITARY SERVICE? Yes No			

INQUIRY MAY BE MADE OF YOUR FORMER EMPLOYERS OR THE LAST SCHOOL YOU ATTENDED REGARDING YOUR PERFORMANCE RECORD.

MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO