

**PERRY COUNTY HEALTH DEPARTMENT**  
**APPLICATION FOR INTERNSHIP OPPORTUNITY**

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PLEASE TYPE OR PRINT RESPONSES TO ALL OF THE QUESTIONS CONTAINED ON THE ENTIRE FORM. PLEASE NOTE THAT THIS COMPLETED APPLICATION FOR OUR INTERNSHIP OPPORTUNITY WILL BECOME A PUBLIC RECORD (WITH THE EXCEPTION OF YOUR SOCIAL SECURITY NUMBER) UPON SUBMISSION TO PERRY COUNTY HEALTH DEPARTMENT.  
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Date \_\_\_\_\_

Name: \_\_\_\_\_ Social Security No. \_\_\_\_\_

Current Address: \_\_\_\_\_ Phone # \_\_\_\_\_

**GENERAL:**

Are you 18 or older? Yes\_\_\_ No\_\_\_

For what internship are you applying? \_\_\_\_\_

Do you have any commitments (i.e., second job, school, etc.) which might interfere with, or adversely affect, your internship should we select you? Yes\_\_\_ No \_\_\_

If yes, please explain. \_\_\_\_\_

Do you possess a valid Driver's License? Yes\_\_\_ No\_\_\_ State of Issuance \_\_\_\_\_

Number \_\_\_\_\_ If no, can you obtain a Driver's License prior to the internship?

Yes\_\_\_ No\_\_\_

Date you can start \_\_\_\_\_

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**EMPLOYMENT HISTORY AND WORK EXPERIENCE**

IN THIS SECTION, LIST ALL EMPLOYMENT HISTORY AND WORK EXPERIENCE IN DATE ORDER. BEGIN WITH YOUR CURRENT EMPLOYER. USE ADDITIONAL PAPER IF NECESSARY.

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<u>Date</u> <u>Month &amp; Year</u>	<u>Name &amp; Address</u> <u>of Employer</u>	<u>Wage or</u> <u>Salary</u>	<u>Position</u>	<u>Reason for</u> <u>Leaving</u>
From _____ To _____	_____	_____	_____	_____
From _____ To _____	_____	_____	_____	_____
From _____ To _____	_____	_____	_____	_____
From _____ To _____	_____	_____	_____	_____

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**EDUCATION AND TRAINING**

THIS SECTION IS INTENDED TO GIVE THE HEALTH DEPARTMENT INFORMATION ABOUT THE EDUCATION AND TRAINING THAT YOU HAVE COMPLETED, AND TO DEMONSTRATE THE SKILLS, KNOWLEDGE, AND ABILITIES THAT YOU HAVE TO PERFORM THE DUTIES OF THE INTERNSHIP. USE ADDITIONAL PAPER IF NECESSARY.

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<u>School</u>	<u>Name &amp;</u> <u>Location</u>	<u>Did You</u> <u>Graduate?</u>	<u>Subjects</u> <u>Studied</u>
High School	_____	_____	_____
Trade, Business, Technical School, or College	_____	_____	_____
Other Special Study or Research Work	_____	_____	_____

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REFERENCES: Give the names of three persons not related to you whom you have known at least one (1) year.

<u>Name</u>	<u>Address &amp; Phone No.</u>	<u>Occupation &amp; Years Acquainted</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

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PLEASE USE THE FOLLOWING SPACE TO PROVIDE ANY FURTHER INFORMATION ON TRAINING, EDUCATION, CERTIFICATIONS, SKILLS, ABILITIES, HOBBIES, VOLUNTEER WORK, ETC., THAT YOU POSSESS OR HAVE EXPERIENCED THAT MAY BE HELPFUL IN THE EVALUATION OF YOUR APPLICATION.  
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\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

DO NOT WRITE BELOW THIS LINE

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INTERNSHIP OFFERED: Yes\_\_\_\_ No\_\_\_\_

INTERNSHIP POSITION\_\_\_\_\_SALARY/WAGE\_\_\_\_\_

INTERNSHIP START DATE\_\_\_\_\_ FUNDING SOURCE\_\_\_\_\_