

Barren River



DISTRICT HEALTH DEPARTMENT

Barren, Butler, Edmonson, Hart, Logan,
Metcalfe, Simpson, and Warren Counties

INTERNSHIP APPLICATION

NAME

Last

First

Middle

MAILING
ADDRESS

Street

City

State

Zip Code

TELEPHONE

Home or where you can be reached

EMAIL ADDRESS

DRIVER'S LICENSE #

COLLEGE NAME

MAJOR COURSE
OF STUDY

MASTER'S LEVEL
BACHELOR'S LEVEL

OVERALL GPA

MAJOR GPA

MAIN AREA OF INTEREST

WHY ARE YOU INTERESTED IN HEALTH DEPT?

IF REQUIRED, ARE YOU AVAILABLE TO WORK IN THE EVENINGS OR ON WEEKENDS?

YES

NO

DATE AVAILABLE

NUMBER OF HOURS/WK

NUMBER OF WEEKS

TOTAL NUMBER OF HOURS

PREFERRED TERM

SPRING

SUMMER

FALL

YEAR

COMPUTER SKILLS - INCLUDE PROGRAMS YOU ARE PROFICIENT IN

OTHER SPECIAL SKILLS / TRAINING / ABILITIES

WHAT ARE YOUR PROFESSIONAL OBJECTIVES FOR THIS INTERNSHIP?

WHAT ARE YOUR PERSONAL OBJECTIVES FOR THIS INTERNSHIP?

WHAT ARE YOUR FUTURE CAREER ASPIRATIONS? _____

**SOME PLACEMENTS REQUIRE TRAVEL WITHIN BARREN RIVER DISTRICT.
IF REQUIRED, CAN YOU PROVIDE YOUR OWN TRANSPORTATION?
MILEAGE WILL BE REIMBURSED.**

YES NO

ACADEMIC ADVISOR'S NAME? _____

TELEPHONE _____

**ACADEMIC SUPERVISOR
FOR PLACEMENT?** _____

TELEPHONE _____

**HAVE YOU EVER BEEN CONVICTED OF ANY CRIME, ADJUDICATED GUILTY OF ANY CRIME
OR PLEADED GUILTY TO ANY CRIME (INCLUDING TRAFFIC OFFENSES)?**

YES
NO

If yes, identify the crime for which you were convicted, the date of the conviction and the location of the county in which you were convicted. Conviction or adjudication of guilt of a crime will not automatically disqualify you from consideration for an internship, but will be considered as part of an overall evaluation of qualifications.

YOU WILL BE ASKED, IF OFFERED AN INTERNSHIP, TO VERIFY THAT YOU ARE A CITIZEN OF THE UNITED STATES OR PROVIDE PROOF OF YOUR IMMIGRATION STATUS.

A PHOTO COPY OF YOUR TRANSCRIPT MUST BE INCLUDED WITH THIS APPLICATION.

A COPY OF YOUR IMMUNIZATIONS MUST BE INCLUDED WITH THIS APPLICATION. THE FOLLOWING IMMUNIZATIONS ARE REQUIRED PRIOR TO STARTING AN INTERNSHIP WITH BRDHD: 1. NEGATIVE TB SKIN TEST (WITHIN THE LAST 3 MONTHS) 2. 2 DOSES OF MMR (MEASLES, MUMPS AND RUBELLA) 3. 2 DOSES OF VARICELLA 4. TETANUS AND DIPHTHERIA (BOOSTER WITHIN THE LAST 10 YEARS) 5. HEPATITIS B

CERTIFICATION

I am aware that any omissions, falsifications, misstatements, or misrepresentations above may disqualify me from an internship consideration and, if I am selected, may be grounds for termination at a later date. I understand that any information I give may be investigated as allowed by law. I consent to the release of information about my ability, employment history, and fitness for employment by employers, schools, law enforcement agencies, and other individuals and organizations to the local health department for which I am applying and authorized individuals in the Department for Public Health. This consent shall continue to be effective during my internship if I am selected. I certify to the best of my knowledge and belief all of the statements contained herein and on any attachments are true, correct, and complete, and made in good faith.

SIGNATURE _____

DATE _____