

Intern Application Form

815 N. Broadway, Tyler, Texas 75702

We are an equal opportunity employer, dedicated to a policy of nondiscrimination in employment on any basis including race, color, age, sex, religion, disability or national origin.

Personal Information:

Last Name		First Name		Middle Name	
Address			City	State	Zip
Home	Work	Cell	Referred By		

Department(s) In Which You Wish To Have Your Internship:

- | | |
|---|---|
| <input type="checkbox"/> WIC | <input type="checkbox"/> Environmental Health (Food/Other Inspect.) |
| <input type="checkbox"/> Immunizations | <input type="checkbox"/> Laboratory |
| <input type="checkbox"/> Vital Statistics | <input type="checkbox"/> Community Outreach |
| <input type="checkbox"/> Tuberculosis Department | <input type="checkbox"/> Center for Healthy Living |
| <input type="checkbox"/> Any Department as Needed | <input type="checkbox"/> Other: _____ |

Indicate The Days And Times You Wish Work Your Internship:

- | | |
|--|---|
| <input type="checkbox"/> Monday / Time _____ To _____ | <input type="checkbox"/> Thursday / Time _____ To _____ |
| <input type="checkbox"/> Tuesday / Time _____ To _____ Wednesday | <input type="checkbox"/> Friday / Time _____ To _____ |
| <input type="checkbox"/> / Time _____ To _____ | |

Education:

_____	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
High School Attended Location Years completed	
_____	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
College Attended Location Years completed	Degree: _____
_____	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
Trade, Business, or Correspondence School Years completed	

Experience Related to the Department you wish to serve your internship? _____

Why do you wish to intern for our agency? _____

Indicate your general area of interest _____

Is your internship required by school? _____ If yes, how many hours are needed? _____

All requests to intern must be approved by the Chief Executive Officer, Human Resource Director and the Department Head prior to starting the internship. I certify that the information provided is true and correct.

Signature

Date