



District Health Department
 995 E Hwy 33, Suite 1
 Crete, NE 68333
 www.phsneb.org

Public Health
Solutions

Intern Application

Applicant Information

Student's Name:		Date
Address:		
Employer's Name:		
Student, have you ever been convicted of a felony?		If YES, please explain:
<input type="checkbox"/> YES <input type="checkbox"/> NO		

Availability

Please check semesters of availability:
 Fall Spring Summer Other, please explain:

Please check your general availability	Monday	Tuesday	Wednesday	Thursday	Friday
Morning (Approx. 8-1)					
Afternoon (Approx 1-5)					

Areas of Interest (Please indicate which area interests you):

<input type="checkbox"/> Business	<input type="checkbox"/> Community Development	<input type="checkbox"/> Data	<input type="checkbox"/> Educational Outreach
<input type="checkbox"/> Emergency	<input type="checkbox"/> Environmental	<input type="checkbox"/> Epidemiology/Surveillance	
<input type="checkbox"/> GIS (Geographic Information System)		<input type="checkbox"/> Health Services	<input type="checkbox"/> Marketing
<input type="checkbox"/> Minority Health	<input type="checkbox"/> Translation/Interpretation		

Experience/Education and Skills

Current Employment status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Not Employed	
Current or most recent paid position held	
Are you currently a full-time <input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, please indicate school and concentration:
Level <input type="checkbox"/> Freshmen <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate Student	Areas of Study:
Do you speak any other languages? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, please list language: <input type="checkbox"/> Fluent <input type="checkbox"/> Semi-Fluent <input type="checkbox"/> Basic
Student Additional Skills:	Additional Skills Sought:

Personal Information

Why are you interested in this internship?

What specific experience would you like to gain through this internship?

Describe your long-term career goals:

Professional References

Name	Relationship contact info (e-mail and/or phone number)

Disclaimer and Signature

I certify that my answers are true and completely to the best of my knowledge. If this application leads to an internship assignment, I understand that false or misleading information in my application may result in my release.

Signature:

Date: