

---Hidalgo County Health and Human Services-Practicum/Intern Application---

Applicant Information		
Last Name	First	Date
Street Address		Apt/Unit
City	State	Zip
Phone	Cell Phone	
Email address:		
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes please explain:
How did you hear about our Practicum/Internship Program?		
Which position are you applying for? (Check one or more box(es)). <input type="checkbox"/> Public Health Intern <input type="checkbox"/> Epidemiology Intern <input type="checkbox"/> Public Health Preparedness Intern		

Availability						
Please check semester(s) of availability: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Other, please explain: _____						
Please check your general availability:	Monday	Tuesday	Wednesday	Thursday	Friday	
Morning (approx. 8-12)						
Afternoon (approx. 1-5)						

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 position held:	
Are you currently a student? <input type="checkbox"/> Yes, Full-time <input type="checkbox"/> Yes, Part-time <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
Computer Skills/Software Used:	
Personal Information	
Why are you interested in an internship in our organization?	
What specific experience would you like to gain through this internship?	
Describe your long-term career goals:	

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

Disclaimer and Signature	
I certify that my answers are true and complete 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: