



Internship Application

Eastern Idaho Public Health District , 1250 Hollipark Drive, Idaho Falls, ID 83401

PLEASE NOTE: Complete all parts of the application. If your application is incomplete, or does not clearly show the experience and/or training required, your application may not be accepted. If you have no information to enter in a section, please write N/A.

| Name and Address | |
|------------------------|---|
| Name (First, MI, Last) | |
| Mailing Address | |
| City, State, Zip Code | |
| Home Phone | Message Phone |
| E-mail Address | May we use e-mail to contact you? Yes <input type="checkbox"/> No <input type="checkbox"/> |

| Education | | | |
|-----------|------|--|-------------------|
| School | From | To | Did you graduate? |
| Location | | Type of degree, diploma, course of study | |
| School | From | To | Did you graduate? |
| Locations | | Type of degree, diploma, course of study | |

| Work History | | | | |
|---------------------|-------|------------|---|----------|
| Job Title | From | To | Hrs./Week | Employer |
| Address | Phone | Supervisor | May we contact this employer? Yes ف No ف | |
| Reason for leaving? | | | | |

| | | | | |
|---------------------|-------|------------|---|----------|
| Job Title | From | To | Hrs/Week | Employer |
| Address | Phone | Supervisor | May we contact this employer? Yes ف No ف | |
| Reason for leaving? | | | | |

| How did you find out about this internship? | | | | |
|---|---|--|--|---|
| A State Employee <input type="checkbox"/> | Career Fair <input type="checkbox"/> | D7HD Website <input type="checkbox"/> | Advisor <input type="checkbox"/> | University/College <input type="checkbox"/> |
| | Prof. Organization Website <input type="checkbox"/> | Other Internet Source <input type="checkbox"/> | None of the above <input type="checkbox"/> | |

| Department/Hours Needed | | | | |
|-------------------------|-----------------------|-----------------|------------------|-----------------|
| Total Hours Needed: | Total Hours Per Week: | Days Available: | Hours Available: | Other, specify: |

| Department of Interest, check all that apply | | | | |
|---|---|----------------------------------|------------------------------------|---|
| Environmental Health <input type="checkbox"/> | Health Promotion <input type="checkbox"/> | Nursing <input type="checkbox"/> | Dietitian <input type="checkbox"/> | Other, specify <input type="checkbox"/> |

| Computer skills, check all that apply | | | | |
|---------------------------------------|---------------------------------|--------------------------------|--------------------------------------|---|
| Word <input type="checkbox"/> | Access <input type="checkbox"/> | EXCEL <input type="checkbox"/> | Power Point <input type="checkbox"/> | Other, specify <input type="checkbox"/> |

Narrative Section

Please describe the reason in which you want to complete your internship at Eastern Idaho Public Health District.

Signature

Date