

Mahoning County District Board of Health
50 Westchester Drive
Youngstown, Ohio 44515
(330) 270-2855

APPLICATION FOR INTERNSHIP
(Please Print)

DATE _____

I. PERSONAL INFORMATION:

NAME _____
Last First Middle

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

COUNTY _____ PHONE NO. (____) _____ - _____

EMAIL: _____

POSITION(S) YOU ARE APPLYING FOR OR AREA(S) OF INTEREST: _____

IF INTERNSHIP IS REQUIRED FOR A COLLEGE COURSE, IS THERE A MINIMUM AMOUNT OF HOURS YOU ARE REQUIRED TO WORK? ____ YES ____ NO
IF YES, HOW MANY? _____

WHAT WEEKDAYS AND TIMES ARE YOU AVAILABLE?

IF INTERNSHIP IS REQUIRED FOR A COLLEGE COURSE, PROVIDE NAME, ADDRESS, AND PHONE NUMBER OF PROFESSOR:

II. EDUCATION AND TRAINING:

Total number of years of education, including primary school: _____

Highest academic degree or level attained: _____

Name and address of school, college or university _____
where degree attained. If no degree, last school _____
attended. _____

Major subject area for graduate degree, if any: _____

Major subject area for graduate study without a degree, if any: _____

Major subject area for undergraduate degree, if any: _____

Minor subject area(s) for undergraduate degree, if any: _____

PROFESSIONAL LICENSES/CERTIFICATIONS/REGISTRATIONS

License/Certification/ Registration Title	Date Obtained	Number
_____	_____	_____
_____	_____	_____

III. WORK EXPERIENCE:

In the areas below, please begin with the most recent employment. If the title and duties changed materially in the course of your service in any one organization, indicate such changes clearly and as separate employments. Attach extra sheets if necessary. Volunteer work may also be included as employment. Note: A resume may not be used as a substitute for completing this page.

PRESENT OR MOST RECENT JOB:

Employer's name and address _____

Length of employment From: Mo. _____ Yr _____ To: Mo. _____ Yr _____

Reason for leaving _____

Position (job title and classification) _____

Duties Performed _____

NEXT MOST RECENT JOB:

Employer's name and address _____

Length of employment From: Mo. _____ Yr _____ To: Mo. _____ Yr _____

Reason for leaving _____

Position (job title and classification) _____

Duties Performed _____

NEXT MOST RECENT JOB:

Employer's name and address _____

Length of employment From: Mo. _____ Yr _____ To: Mo. _____ Yr _____

Reason for leaving _____

Position (job title and classification) _____

Duties Performed _____

May we contact your former employers? Yes _____ No _____

IV. MISCELLANEOUS

	YES	NO
1. Do you currently have a valid driver's license?	_____	_____
2. If necessary, can you supply your own transportation for work use?	_____	_____
3. Have you ever been previously employed with a governmental entity or political subdivision in the State of Ohio?	_____	_____
4. Have you been convicted of any criminal offense other than a minor traffic violation? (Conviction records are not necessarily a bar to employment. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account.)	_____	_____

CERTIFICATION

The answers I have made to each and all of the questions in this application are complete and true to the best of my knowledge and belief. I understand that a criminal background check, driving record check, and drug test may be required, and I give my consent for these checks/tests to be performed.

SIGNATURE OF APPLICANT