

Mahoning County Public 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. (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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 \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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.) | _____ | _____ |
| 5. Can you perform the job-related requirements of the specific job for which you are applying?   | _____ | _____ |

**If you answered “YES” to question 3 or 4 or “NO” to question 5, please explain fully below, indicating by number to which question you are responding.**

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**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.**

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**SIGNATURE OF APPLICANT**

Revised: 5/26/2015