

## **Application for Internship**

**Thank you for your interest in an internship with Student Health Services.**

**Please complete the Application for Internship along with the items listed below to be considered for an internship position.**

- 1. Completed Application for Internship**
- 2. Cover letter**
- 3. Resume**

**After completing the items above, please submit via email to [SHSHealthEducation@utsa.edu](mailto:SHSHealthEducation@utsa.edu) with the subject of "Internship Application".**

**Your application materials will be reviewed and you will be contacted for an interview. If you have any questions, please contact the Health Education office at 210-458-4628.**



### Internship Application

First Name

Last Name

Date

Phone Number

Banner ID

MyUTSAID

Email Address

Semester of Internship

### Current Address

Street, Apt. #

City

State

Zip Code

Current class standing :

Senior

Graduate

### Education

Degree:

Major(s):

Minor(s):

Expected Graduation Date:

GPA

### EXTRACURRICULAR ACTIVITIES, VOLUNTEER WORK & STUDENT INVOLVEMENT

List in chronological order, starting from the most recent, your participation in extracurricular activities, volunteer work and student involvement

Activity/Organization Name

Position

Date

(MM/YY-MM/YY)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_



# Internship Application

## EMPLOYMENT

List in chronological order, starting from most recent, your current, and previous jobs.

<b>Employer:</b> _____	<b>Responsibilities:</b>	<b>Dates</b>
<b>Job Title:</b> _____		From mm/yy _____ To mm/yy _____
<b>Address:</b> _____		
<b>Phone:</b> _____		
<b>Supervisor:</b> _____		

<b>Employer:</b> _____	<b>Responsibilities:</b>	<b>Dates</b>
<b>Job Title:</b> _____		From mm/yy _____ To mm/yy _____
<b>Address:</b> _____		
<b>Phone:</b> _____		
<b>Supervisor:</b> _____		

## Work Availability

Fill in the times that you would be available to work during the internship.

	Monday	Tuesday	Wednesday	Thursday	Friday
<b>Time In</b>	_____	_____	_____	_____	_____
<b>Time Out</b>	_____	_____	_____	_____	_____
<b>Time In</b>	_____	_____	_____	_____	_____
<b>Time Out</b>	_____	_____	_____	_____	_____

I understand that some evening and weekend hours may be required (Fall and Spring semesters only).

Please provide any additional information regarding your qualifications for this position (i.e. any training, certifications, awards, recognitions, etc.).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify that all statements and responses on this application are complete and true. I understand that false statements or omissions will cause the termination of my application.

\_\_\_\_\_ Electronic Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_