



## 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    No

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 <input type="checkbox"/> No <input type="checkbox"/>	
Reason for leaving?				

Job Title	From	To	Hrs/Week	Employer
Address	Phone	Supervisor	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
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