



**ST. JOHNS RIVER  
RURAL HEALTH NETWORK**  
Support Connect Improve

Internship Application

**PERSONAL INFORMATION** Complete *all* applicable information

Name (Full – Last)		Name (First, MI):					
Street Address:		City			State		Zip
Phone	Email:	Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain in writing.					
Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		When could you start an internship? ____/____/____					
How did you hear about St Johns Rural Health Network ?							
Availability:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Hours per week desired:

**EDUCATION INFORMATION**

High School or GED	City	State	Diploma	Subjects Studied	
College	City	State	Degree	Major	GPA
Graduate School	City	State	Degree	Major	GPA
Advisor Name:			Phone:		Dept.

**EMPLOYMENT HISTORY** (List your current or most recent employer)

Present or Last Position	Name of Company	From Mo/Yr	To Mo/Yr
Street Address:		City	State Zip
Phone:		Supervisor:	
Duties:		Reason for Leaving:	

**VOLUNTEER HISTORY** (List a recent volunteer position)

Present or Last Position	Name of Company	From Mo/Yr	To Mo/Yr
Street Address:		City	State Zip
Phone:		Supervisor:	
Duties:		Reason for Leaving:	



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**REFERENCES** (List three references)

Personal Reference - Name	Phone
Professional Reference - Name	Phone
Academic Reference – Name	Phone

**GENERAL**

What specific qualifications do you have for the internship?
What business equipment can you operate? (For example, computers, copiers, etc.)
List any intern/school related honors or memberships:
In what computer software programs are you <b>proficient</b> ? Name the package(s). List any special certifications, etc.
Other Information: (Attach additional sheets if needed)

**PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY**

<b>Conditions of Internship</b>	
<ol style="list-style-type: none"> <li>1. I authorize the investigation of all statements contained in this application. I understand that misrepresentation or material omission of facts is cause for dismissal, whenever such falsification or omission is discovered. I authorize all my previous employers and references to furnish any information concerning my personal character, habits or employment records. I release all such persons from liability or damages incurred as a result of this inquiry and furnishing this information. I further understand that any information omitted from this application could be considered grounds for immediate termination.</li> <li>2. I understand and agree that my internship is for a definite period and may be terminated by me or HPCNEF (SJRRHN) at any time, for any reason, with or without cause or previous notice and is not compensated.</li> <li>3. If accepted for internship by HPCNEF( SJRRHN), I will comply with all rules, regulations, and directives. I further understand that these rules and regulations may be changed, interpreted, withdrawn, or added to by HPCNEF (SJRRHN) at any time, at HPCNEF's (SJRRHN) sole option and without any prior notice to me.</li> <li>4. In making this application for internship, I understand that a routine investigative report may be made. This inquiry includes information as to my character, general reputation, personal characteristics, and mode of living, whichever may be applicable. In addition, the report includes a criminal record check, driver's license check, education verification, and a public records check. I further understand that obtained as part of this report may be considered grounds for immediate termination.</li> <li>5. I voluntarily agree to submit to a drug test as part of my application for employment, if requested to do so. I understand that refusal to submit to the test or failure to pass the test according to the standards established by HPCNEF will disqualify me from further consideration for employment. I further understand that I may again be required to submit to a drug test during my employment with HPCNEF and if I refuse to take the test or fail to pass it according to the standards set by HPCNEF, I may be suspended or terminated immediately.</li> </ol>	
Signature	Date