



Internship Application

The Clark County Health Department hosts both Bachelor's and Master's students in our agency for internships. All interns must complete an application and may be interviewed prior to being accepted.

Application Deadlines

Semester	Application Due Date
Spring	November 30
Summer	March 31
Fall	June 30

Completed applications and all accompanying documentation may be mailed, e-mailed or faxed to:

Clark County Health Department

Attention: Jennifer Gulley

400 Professional Avenue

Winchester, Kentucky 40391

Phone: 859-744-4482

Fax: 859-744-0338

E-mail: jenniferh.gulley@ky.gov

Applicant Information

First Name: _____ MI: _____ Last Name: _____

Preferred Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Preferred Phone Number: _____ Home Cell

Alternate Phone Number: _____ Home Cell

E-mail: _____

Gender: Male Female

Driver's License #: _____

If required, are you able to be present in the evenings or on weekends?

Have you ever been convicted of any crime, adjudicated guilty of any crime or pleaded guilty to any crime (including traffic offenses)?

Yes No

If you answered yes, please explain the offenses you were convicted of:

Program(s) of Interest

- | | | |
|---|---|--|
| <input type="checkbox"/> General Public Health | <input type="checkbox"/> Human Resources | <input type="checkbox"/> Nutrition Services/WIC |
| <input type="checkbox"/> Accounting/Financial | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Environmental Health |
| <input type="checkbox"/> Clinical Services | <input type="checkbox"/> Immunizations | <input type="checkbox"/> Tobacco Education |
| <input type="checkbox"/> Home Visiting Services/HANDS | <input type="checkbox"/> Emergency Preparedness | <input type="checkbox"/> Health Education/Promotion |
| <input type="checkbox"/> Community Health Planning | <input type="checkbox"/> Leadership/Management | <input type="checkbox"/> Epidemiology/Communicable Disease |

Computer Skills – include programs you are proficient in:

Other special skills/training/abilities:

What do you hope to gain from this opportunity?

I am a great candidate for this internship/practicum because...

Applicant Initials: _____

My future career aspirations include...

Current degrees/licensures (mark N/A if none)

Faculty Advisor/University Contact Information

Contact Name: _____ Phone: _____

E-mail: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Academic Institution Information

Academic Institution attending: _____

School/College of: (ex: College of Health Sciences) _____

Degree working on/program: _____

Year in program: Undergraduate Junior Senior

Graduate Doctoral

Other: _____

Is an internship, service learning experience, observation or rotation required for your degree?

Yes No

Please select the type of learning experience for which you are applying:

- Internship Service Learning Experience
 Observation/Rotation Capstone Project

Total # of hours required: _____

Anticipated start date: _____

Anticipated ending date: _____

(Please include your resume and a copy of your transcript with this application)

I am aware that any omissions, falsifications, misstatements, or misrepresentations above may disqualify me from an internship consideration and, if I am selected, may be grounds for termination at a later date. I understand that any information I give may be investigated as allowed by law. I consent to the release of information about my ability, employment history, and fitness for employment by employers, schools, law enforcement agencies, and other individuals and organizations to the local health department for which I am applying and authorized individuals in the Department for Public Health. This consent shall continue to be effective during my internship if I am selected. I certify to the best of my knowledge and belief all of the statements contained herein and on any attachments are true, correct, and complete, and made in good faith.

Signature

Date