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

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<th>Semester</th>
<th>Application Due Date</th>
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<td>Spring</td>
<td>November 30</td>
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<tr>
<td>Summer</td>
<td>March 31</td>
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<td>Fall</td>
<td>June 30</td>
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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

- General Public Health
- Human Resources
- Nutrition Services/WIC
- Accounting/Financial
- Diabetes
- Environmental Health
- Clinical Services
- Immunizations
- Tobacco Education
- Home Visiting Services/HANDS
- Emergency Preparedness
- Health Education/Promotion
- Community Health Planning
- Leadership/Management
- 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…
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