



ONE HOSPITAL DRIVE · LEWISBURG, PA 17837 · 522-2727  
STAFF DEVELOPMENT

## HIGH SCHOOL INTERNSHIP APPLICATION: ☐ Nursing ☐ Healthcare Careers

LAST NAME		FIRST		MIDDLE	
PRESENT ADDRESS	CITY	STATE	ZIP CD	PREFERRED TELEPHONE NO.	
BEST TIME TO CONTACT YOU: _____ AM/PM					EMAIL ADDRESS

## PERSONAL

HOW WERE YOU REFERRED TO THIS PROGRAM?		
RELATIVES EMPLOYED IN THIS FACILITY?		
YES <input type="checkbox"/> NO <input type="checkbox"/> NAME AND DEPARTMENT:		
HAVE YOU EVER BEEN EMPLOYED BY OR BEEN A VOLUNTEER AT EVANGELICAL:	ARE YOU 18 YEARS OR OLDER?	SHIFT(S) AVAILABLE TO DO CLINICAL:
YES <input type="checkbox"/> NO <input type="checkbox"/> WHEN?	YES <input type="checkbox"/> NO <input type="checkbox"/>	DAYS <input type="checkbox"/> EVENINGS <input type="checkbox"/> NIGHTS <input type="checkbox"/>
LONG RANGE OCCUPATIONAL GOALS		

## EDUCATION/SKILLS

SCHOOL	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	CURRENT GRADE AS OF MAY	EXPECTED GRADUATION DATE
HIGH			9 10 11 12	
AREAS OF INTEREST IN HEALTHCARE:				
LIST HEALTH CARE, BUSINESS, OR INDUSTRIAL EQUIPMENT OPERATED:				

## CERTIFICATIONS

IF CERTIFIED	TYPE	STATE ISSUED	DATE	NO.
	TYPE	STATE ISSUED	DATE	NO.
	TYPE	STATE ISSUED	DATE	NO.

## VOLUNTEERISM AND STUDENT ACTIVITIES

HAVE YOU VOLUNTEERED YOUR TIME OR SERVICE?	YES	NO	Where?
DESCRIBE YOUR INVOLVEMENT IN STUDENT ACTIVITIES:			

## EMPLOYMENT HISTORY

LIST NAME, ADDRESS AND PHONE NUMBER OF PREVIOUS EMPLOYERS WITH MOST RECENT EMPLOYER FIRST.	FROM	TO	IMMEDIATE SUPERVISOR	LAST SALARY Hourly, Monthly Or Yearly
JOB TITLE: _____				
EMPLOYER NAME: _____ PHONE: _____				
ADDRESS: _____				
DUTIES: _____				
REASON FOR LEAVING: _____				
JOB TITLE: _____				
EMPLOYER NAME: _____ PHONE: _____				
ADDRESS: _____				
DUTIES: _____				
REASON FOR LEAVING: _____				
JOB TITLE: _____				
EMPLOYER NAME: _____ PHONE: _____				
ADDRESS: _____				
DUTIES: _____				
REASON FOR LEAVING: _____				
REFERENCES: PLEASE LIST THREE PROFESSIONAL REFERENCES.				
1. NAME _____	2. NAME _____	3. NAME _____		
RELATIONSHIP _____	RELATIONSHIP _____	RELATIONSHIP _____		
PHONE _____	PHONE _____	PHONE _____		
EMAIL _____	EMAIL _____	EMAIL _____		
BEST TIME TO CALL _____	BEST TIME TO CALL _____	BEST TIME TO CALL _____		