



we're here for you.

APPLICATION FOR INTERN

COMPLETE ALL SECTIONS

Decisions are contingent upon completion of drug and communicable disease screening and reference checks. Additionally, the Office of Inspector General's (OIG) "List of Excluded Individuals and Entities" (LEIE), GSA List of Excluded Persons Lists (EPLS), and Medi-Cal Suspension List are checked. We are an equal opportunity employer and do not discriminate on the basis of race, color, religion, sex, gender preference or identity, national origin, age, disability, or any other characteristic protected by applicable state or federal civil rights laws.

PERSONAL INFORMATION						
LAST NAME		FIRST NAME			MIDDLE NAME/INITIAL	
ADDRESS (STREET)				(CITY, STATE, ZIP)		
TELEPHONE:						
E-MAIL:						
TYPE AND AVAILABILITY TO INTERN (List hours on days you are available to intern)						
Please select the area in which you would like an internship:		<input type="checkbox"/> Clinic <input type="checkbox"/> Health Administration Other: _____				
Date available to start:						
List start and end times on days you are able to intern below:						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Fr To:	Fr To:	Fr To:	Fr To:	Fr To:	Fr To:	Fr To:
EMERGENCY NOTIFICATION						
NAME AND PHONE OF PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:						
Name: _____		Relationship: _____				
Phone: _____		<input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home				
Name: _____		Relationship: _____				
Phone: _____		<input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home				
GENERAL INFORMATION						
Have you ever worked for NCHS? <i>If yes, please indicate dates and position.</i>				<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Have you ever been excluded from participation in federal health care programs by the Office of Inspector General or the General Services Administration department?				<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Have you ever been convicted of a crime?				<input type="checkbox"/> YES*	<input type="checkbox"/> NO	
Please exclude misdemeanor convictions for marijuana-related offenses that are more than two years old; convictions that have been sealed, expunged, or legally eradicated; and misdemeanor convictions for which probation was successfully completed or otherwise discharged and the case was judicially dismissed. * If you answer yes, briefly describe the nature of the crime(s), date(s), place of conviction(s), and legal disposition of the case(s): (NCHS will not deny a volunteer opportunity to any applicant solely because the person has been convicted of a crime. Each case will be evaluated based on its own facts and merits.)						
EDUCATION AND TRAINING						
	Name of School City, State	Graduated (Yes/No)	# of Years Attended	Course or Major (or Degree)	Grade Point Average	
School						

Name of Applicant: _____

SKILLS	
What hobbies, skills, special interests, or qualities do you have that may be relevant to the internship position you are applying for?	
Check the software knowledge you have: <input type="checkbox"/> Email <input type="checkbox"/> Windows <input type="checkbox"/> GroupWise <input type="checkbox"/> MS Office <input type="checkbox"/> MS Word <input type="checkbox"/> Word Processing <input type="checkbox"/> MS Excel <input type="checkbox"/> Spreadsheet <input type="checkbox"/> MS PowerPoint <input type="checkbox"/> Presentation <input type="checkbox"/> MS Access <input type="checkbox"/> Medical Manager <input type="checkbox"/> Patient Management System <input type="checkbox"/> PeopleTrak <input type="checkbox"/> HRIS <input type="checkbox"/> Payroll <input type="checkbox"/> Accounting <input type="checkbox"/> Other – List:	
Language: Some positions require or prefer Spanish language skills in addition to English language skills. <u>If the position you are applying for requires or prefers</u> Spanish communication skills, please check the Spanish communication skills that you have: <input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write	
Please tell us why you would like to complete an internship with North County Health Services:	
Please tell us what you hope to gain from your internship experience:	

I hereby certify that the information contained in this application form is true and correct to the best of my knowledge and agree to have any of these statement checked by North County Health Services unless I have indicated the contrary. I authorize the schools/people listed above and professional references, as well as all other individuals whom North County Health Services contacts, to provide North County Health Services any and all information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to North County Health Services or any of its agents, employees, or representatives. I understand that any misrepresentation, falsification or material omission of information on this application may result in my failure to receive an offer or, if I am hired, my immediate dismissal from employment.

In consideration of my Volunteerism, I agree to conform to the rules and standards of North County Health Services. I further agree that my Internship/Externship can be terminated at will, with or without cause, and with or without notice, at any time, either at my option or at the option of North County Health Services. Further, the President and CEO of NCHS may not alter the at-will nature of the Volunteer relationship or enter into any employment agreement for a specified time unless the President and CEO and I both sign a written agreement that clearly and expressly specifies the intent to do so. I agree that this shall constitute a final and fully binding integrated agreement with respect to the at-will nature of my Volunteer relationship and that there are no oral or collateral agreements regarding this issue. I also understand that all offers of Volunteer are conditioned on North County Health Services receipt of satisfactory responses to reference requests and the provisions of satisfactory proof of an applicant's identity, legal authority to work in the United States, and checks from the Office of Inspector General's (OIG) "List of Excluded Individuals and Entities" (LEIE), GSA List of Excluded Persons Lists (EPLS), and Medi-Cal Suspension List. Offers of Volunteerism are also conditioned on the satisfactory completion of a medical examination, including communicable disease and drug screening testing.

Signature of Applicant

Date

North County Health Services in an equal opportunity employer.