



INTERNSHIP APPLICATION FORM

Name(s) of Internship(s) Applied For: _____

Specific Area of Study: _____

Name: _____ Date of Birth: _____

School Name: _____

School Address: _____

Permanent Address: _____

School Telephone Number: _____ Permanent Telephone Number: _____

Email Address: _____

Are you legally eligible to work in the U.S.? YES NO (check one)

If you are not a U.S. Citizen, are there restrictions on your eligibility for employment? YES NO (check one)

Are you requesting that your college grant you credit hours for your internship? YES NO (check one)

Dates available to perform internship: _____

Expected date of graduation: _____

Have you worked, completed an internship, or conducted volunteer work within a hospital setting? _____

If so, where? _____

Instructor Contact Information:

Instructor Name: _____ Telephone Number: _____

School Name: _____

School Address: _____

Instructor Email: _____

Employment History: *(includes paid, volunteer, and intern positions)*

Most Recent Employer: _____ Telephone Number: _____

Address: _____

Supervisor (Name & Title): _____

Position Title: _____ Start Date: _____ End Date: _____

Description of Duties: _____

Employment History:

Most Recent Employer: _____ Telephone Number: _____

Address: _____

Supervisor (Name & Title): _____

Position Title: _____ Start Date: _____ End Date: _____

Description of Duties: _____

References:

Name: _____ Telephone Number: _____

Company/School: _____

Relationship: _____ Known how long: _____

Name: _____ Telephone Number: _____

Company/School: _____

Relationship: _____ Known how long: _____

Name: _____ Telephone Number: _____

Company/School: _____

Relationship: _____ Known how long: _____

What is your interest in ARMC? _____

I certify that all of the statements in this application are true and complete to the best of my knowledge. I understand that a false or incomplete answer may be grounds for not considering me or for my dismissal.

Signature: _____ Date: _____