



JERSEY SHORE REGIONAL HEALTH COMMISSION

628 Shrewsbury Avenue, Tinton Falls, NJ 07701

Tel: (732) 493-9520 • Fax: (732) 493-9521 • www.JSRHC.org



Internship Application

We consider applicants for internship without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

Applications that are not accompanied by documentation which outlines requirements to be achieved by internships end will not be reviewed.

Applicant Information

Full name: _____ Date: _____
Last First M.I. (mm/dd/yy)

Address: _____
Street address Apartment/Unit#

City State ZIP code

Phone: _____ Email: _____

Degree / certification being pursued: _____ Expected completion date: _____

Approximate Date range of Availability for Internship: _____

Desired Number of Hours: _____ Days of the Week Available/Hours available: _____

Will you have a project to complete based on your JSRHC experience? Yes No

Will it require oversight/sign-off/guidance by Health Officer or Staff member(s)? Yes No

Select departments/roles you would be interested in gaining experience

Health Inspection , Communicable disease , Public Health Nursing , Administration , Health Education ,
Public health Legislation , Health Communication , Other _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you Graduate? Yes No Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you Graduate? Yes No Degree: _____

Addition Education: _____ Address: _____

From: _____ To: _____ Did you Graduate? Yes No Degree: _____

Employment History

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ From: _____ To: _____

Responsibilities: _____

Reason for Leaving: _____

May we contact your previous supervisor for a reference? Yes No

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ From: _____ To: _____

Responsibilities: _____

Reason for Leaving: _____

May we contact your previous supervisor for a reference? Yes No

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge

If this application leads to an internship, I understand that false or misleading information in my application or interview may result in JSRHC contacting your Academic institute and canceling all offers to facilitate internship with JSRHC.

Print Name: _____ Signature: _____ Date: _____