

**PUTNAM COUNTY HOSPITAL
Greencastle, Indiana
APPLICATION FOR STUDENT
INTERNSHIP / VOLUNTEERING**

If a student, where are you currently enrolled?

DePauw University _____
Ivy Tech College _____
Area 30 _____
CHS _____ GHS _____
NPHS _____ SPHS _____
Other (specify) _____

**PRINT NAME
IN FULL** _____

Last First Middle Initial

ADDRESS: _____

Street City State Zip

SOCIAL SECURITY #: _____ **TELEPHONE #:** () - _____

POSITION DESIRED: _____ Internship _____ Volunteer

POSITION/AREA INTERESTED IN: _____

Referred by: _____

Are you related to anyone employed at Putnam County Hospital: _____ **Name of employee:** _____

Dates you are available? _____ (Semester/Year: e.g. Fall Semester Sept. 1 through Dec. 20)

Days and Hours available: _____

Have you ever been convicted of a felony? Yes () No () if offered employment, a criminal background check will be conducted, as well as, a urine drug screening test.

EDUCATION

NAME AND LOCATION OF HIGH SCHOOLS & COLLEGES	GRADUATE Yes/No Degree Earned	FROM	TO
High School			
College			
Technical Training			

OFFICE SKILLS

Please indicate by placing a check next to the office skills that apply to you.

Typing ___yes ___no ___wpm

10-Key ___yes ___no Micro Soft Access ___yes ___no

Micro Soft Word ___yes ___no Micro Soft Power Point ___yes ___no

Micro Soft Excel ___yes ___no Micro Soft Outlook ___yes ___no

Other Skills that you feel would be pertinent to the position that you are applying for:

EMPLOYMENT HISTORY

NAME/ADDRESS/PHONE NUMBER <i>(Please include current phone number)</i>	JOB DESCRIPTION	FROM / TO	REASON FOR LEAVING
1)			
2)			
3)			

If licensed, state professional registration number and type of license:

Type of License _____ License #: _____ Type of License _____ License #: _____

Type of License _____ License #: _____

May we contact your present/previous employer(s)? Yes (___) No (___)

PERSONAL REFERENCES (Not Related To You)

NAME	ADDRESS / PHONE	RELATIONSHIP

I certify that the following herein provided is true and accurate and realize that falsification of any information will warrant immediate dismissal.

I hereby authorize all former employers and personal references to release any and all information requested by the Putnam County Hospital.

The undersigned fully understands that any offer of employment made to a job applicant at Putnam County Hospital may be contingent upon the passing of drug screen test.

Applicant's Signature _____ Date _____

OFFICE USE ONLY

APPLICANT, PLEASE DO NOT WRITE IN SPACE BELOW.

Interviewed by _____

Date _____

Position Desired: _____

Department _____

Due to Start Work _____

Position () Internship () Volunteer

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Reference Checks:

1) _____
Company Name

2) _____
Company Name

3) _____
Company Name

To | From

To | From

To | From

Name-Title
(Person supplying information)

Name-Title
(Person supplying information)

Name-Title
(Person supplying information)

References completed by: _____

Comments: _____

