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| NAU hEALTH pROMOTION  Intern Application |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Applicant Information | | | | | | | | | | | | | | | | | | | | | | |
| Last Name | |  | | | | | First | | |  | | | | | | | | | | | Date |  |
| Street Address | | |  | | | | | | | | | | | | | | Apartment/Unit # | | | | |  |
| City | |  | | | | | State | | |  | | | | | | | ZIP | |  | | | |
| Phone | |  | | | | | E-mail Address | | | |  | | | | | | | | | | | |
| Semester Applying for | | |  | | | | | | | | | | | | | | | | | | | |
| Major |  | | | | Current GPA | | | |  | | | | | Desired # of Hours per Week | | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| EMPLOYMENT HISTORY (lIST MOST RECENT EMPLOYER FIRST) | | | | | | | | | | | | | | | | | | | | | | |
| Employer | |  | | Position | |  | | | | | | | | | | Dates Employed | | | |  | | |
| Name of Supervisor | |  | | Contact Information | | | | | |  | | | | | | | | | | | | |
| Employer | |  | | Position | |  | | | | | | | | | | Dates Employed | | | |  | | |
| Name of Supervisor | |  | | Contact Information | | | | | |  | | | | | | | | | | | | |
| Employer | |  | | Position | |  | | | | | | | | | | Dates Employed | | | |  | | |
| Name of Supervisor | |  | | Contact Information | | | | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| oTHER ACTIVITIES (sTUDENT ORGANIZATIONS, VOLUNEER WORK, ETC.) | | | | | | | | | | | | | | | | | | | | | | |
| Organization/Activity | |  | | | | | | | | | | | Dates | |  | | | | | | | |
| Description of Activity | |  | | | | | | | | | | | | | | | | | | | | |
| Name of Supervisor | |  | | | | | | Contact Information | | | |  | | | | | | | | | | |
| Organization/Activity | |  | | | | | | | | | | | Dates | |  | | | | | | | |
| Description of Activity | |  | | | | | | Contact Information | | | |  | | | | | | | | | | |
| Name of Supervisor | |  | | | | | | | | | | | | | | | | | | | | |
| Organization | |  | | | | | | | | | | | Dates | |  | | | | | | | |
| Description of Activity | |  | | | | | | | | | | | | | | | | | | | | |
| Name of Supervisor | |  | | | | | | Contact Information | | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| **OTHER INFORMATION (AWARDS, COMPUTER SKILLS, ETC.)** | | | | | | | | | | | | | | | | | | | | | | |
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| COLLEGE HEALTH AREAS OF INTEREST (cHECK ALL THAT APPLY) | | | | | | |
|  | Mental Health | |  | | Sexual Health | |
|  | Healthy Relationships | |  | | Alcohol and other drugs | |
|  | Nutrition | |  | | Stress, Tobacco | |
|  | Tobacco | |  | | Sexual Assault | |
|  | | | | | | |
| Public health strengths/areas of interest (Check all that Apply) | | | | | | |
|  | Program planning | |  | | Program evaluation | |
|  | Educational presentations | |  | | Marketing | |
|  | Graphic design | |  | | Health policy | |
|  | Data entry/management | |  | |  | |
|  | | | | | | |
| rEFERENCES | | | | | | |
| *Please list three professional or personal references.* | | | | | | |
| Name | |  | | Relationship | |  |
| Company | |  | | Phone | |  |
| E-mail Address | |  | | | | |
| Name | |  | | Relationship | |  |
| Company | |  | | Phone | |  |
| E-mail Address | |  | | | | |
| Name | |  | | Relationship | |  |
| Company | |  | | Phone | |  |
| E-mail Address | |  | | | | |
|  | | | | | | |

***Please attach a copy of your weekly schedule, including availability.***