EVANGELICAL COMMUNITY HOSPITAL

Excellence Every Day.

ONE HOSPITAL DRIVE · LEWISBURG, PA 17837 · 522-2727
STAFF DEVELOPMENT

HIGH SCHOOL INTERNSHIP APPLICATION: ☐ Nursing ☐ Healthcare Careers

LAST NAME	FIRST	MIDDLE
PRESENT ADDRESS / CITY / STATE / ZIP CD		TELEPHONE NO.
BEST TIME TO CONTACT YOU: _____AM/PM		TELEPHONE NO. (Secondary)

PERSONAL

HOW WERE YOU REFERRED TO THIS PROGRAM?		
RELATIVES OR FRIENDS EMPLOYED IN THIS FACILITY? YES ☐ NO ☐ DEPARTMENT:		
HAVE YOU EVER BEEN EMPLOYED BY THIS FACILITY: YES ☐ NO ☐ WHEN?	ARE YOU 18 YEARS OR OLDER? YES ☐ NO ☐	SHIFT(S) AVAILABLE TO DO CLINICAL: DAYS ☐ EVENINGS ☐ NIGHTS ☐
LONG RANGE OCCUPATIONAL GOALS		

EDUCATION/SKILLS

SCHOOL	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	CHECK LAST YEAR COMPLETED	DID YOU GRADUATE?	LIST DIPLOMA OR DEGREE
HIGH			1 2 3 4	☐ YES ☐ NO	
AREA OF INTEREST					
LIST HEALTH CARE, BUSINESS, OR INDUSTRIAL EQUIPMENT OPERATED:					

CERTIFICATIONS

IF CERTIFIED	TYPE	STATE ISSUED	DATE	NO.
	TYPE	STATE ISSUED	DATE	NO.
	TYPE	STATE ISSUED	DATE	NO.

Have you volunteered your time or services? YES ☐ NO ☐ Where?

LIST NAME, ADDRESS AND PHONE NUMBER OF PREVIOUS EMPLOYERS WITH MOST RECENT EMPLOYER FIRST.	**FROM**	**TO**	**IMMEDIATE SUPERVISOR**	**LAST SALARY Hourly, Monthly Or Yearly**
JOB TITLE: _____				

EMPLOYER NAME:_____PHONE: _____

ADDRESS: _____

DUTIES: _____
_____
_____

REASON FOR LEAVING: _____

JOB TITLE: _____				

EMPLOYER NAME:_____PHONE: _____

ADDRESS: _____

DUTIES: _____
_____
_____

REASON FOR LEAVING: _____

JOB TITLE: _____				

EMPLOYER NAME:_____PHONE: _____

ADDRESS: _____

DUTIES: _____
_____
_____

REASON FOR LEAVING: _____

REFERENCES: PLEASE LIST THREE PROFESSIONAL REFERENCES.

1.
NAME _____

RELATIONSHIP _____

PHONE HOME _____
WORK _____

BEST TIME TO CALL _____

2.
NAME _____

RELATIONSHIP _____

PHONE HOME _____
WORK _____

BEST TIME TO CALL _____

3.
NAME _____

RELATIONSHIP _____

PHONE HOME _____
WORK _____

BEST TIME TO CALL _____