



DEKALB COUNTY MEDICAL EXAMINER

Internship Application



PERSONAL INFORMATION

Last Name _____ First Name _____ Middle _____
 Address _____ City _____ State _____ Zip _____
 Program Type: _____ Cell Phone: _____ Email Address: _____
 Social Security Number: _____ Date of Birth: _____
 Have you ever been convicted of a felony? Yes No Are you willing to submit to a drug screening test? Yes No
 What are your academic/research interests? _____
 Available Start Date: _____ Days Available: Monday Tuesday Wednesday Thursday Friday
 Method of Transportation: _____ Are you bilingual? Yes No If yes, what language(s)? _____
 What are your career goals? _____
 Hobbies, Community Activities, Interests: _____

School Name	Location	Years Attended	Degree Received	Major

Other training, certifications or experience: _____

WORK HISTORY

Employer	Address	Phone	Dates Employed	Supervisor	Position

REFERENCES

Name	Title	Company	Phone

Acknowledgement and Authorization

- I certify that all answers given herein are true and complete to the best of my knowledge.
- I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.
- In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant _____ Date _____