

Internship Application for Quillen College of Medicine Gross Anatomy Lab

Applicant Information			
Last Name	First	Date	
Street Address			Apt/Unit
City	State	Zip	
Phone	Cell Phone		
Email address:			
Date of Birth:			
<ul style="list-style-type: none"> • Have you ever been convicted of a felony? • <input type="checkbox"/> Yes • <input type="checkbox"/> No 		<ul style="list-style-type: none"> • If yes, please explain: 	
How did you hear about our internship program? If through an individual, who?			

Please indicate your general availability	Monday	Tuesday	Wednesday	Thursday	Friday
Morning (approx. 8-12)					
Afternoon (approx. 1-4:30)					

Prior Experience		
Employer/Institution	Position	Description of Duties

Education and Skills	
Current employment status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Not Employed	
Current or most recent paid position held	
Are you currently a full-time student? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please indicate school:
Level <input type="checkbox"/> Freshmen <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior	Major/Minor:
Expected graduation date:	
Can you lift more than 50 lbs.? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever handled/ been exposed to anatomical remains? <input type="checkbox"/> Yes <input type="checkbox"/> No
Upper Division Courses:	
List any computer skills that you have:	
List any hobbies/extra-curricular activities:	

Personal Information
Briefly explain your reasons for applying to the Anatomy internship. What would you bring to the program?
What is your definition of hard work?
Describe your long-term career goals:
Provide a personal example of teamwork:
Describe an instance when you had trouble solving a problem and how you resolved this (preferably not school/studying related):
Describe yourself in five words:

Professional References (Required)	
Name	Relationship and contact info (e-mail and/or phone number)

I certify that my answers are true and complete to the best of my knowledge. If this application leads to an internship assignment, I understand that false or misleading information in my application may result in my release.	
Signature:	Date: