

**PLEASE BE SURE TO COMPLETE ALL FIELDS HIGHLIGHTED YELLOW.**

#### **CONTACT INFORMATION**

|                                 |  |                                    |
|---------------------------------|--|------------------------------------|
| <b>Name:</b>                    |  |                                    |
| <b>Preferred Contact Phone:</b> |  | <b>Is this a cell phone? Y / N</b> |
| <b>Secondary Contact Phone:</b> |  | <b>Is this a cell phone? Y / N</b> |
| <b>Email Address:</b>           |  |                                    |

|                                     |  |
|-------------------------------------|--|
| <b>College or University:</b>       |  |
| <b>Degree or Field of Study:</b>    |  |
| <b>Anticipated Graduation Date:</b> |  |

#### **APPLICATION INFORMATION**

| <b>For which season are you applying?</b>                    | <b>For which program(s) are you applying?</b> |
|--|---|
| <b>SPRING 2019</b><br><b>SUMMER 2019</b><br><b>FALL 2019</b> | <b>1.</b>                                     |
|  | <b>2.</b>                                     |

*Please check Middlesex County Office of Health Services' website to make sure that the program(s) for which you are applying are available in the season for which you are applying – also, please do not use this form for Inspection Division Internship positions; they must be applied for separately by contacting either [david.kologinsky@co.middlesex.nj.us](mailto:david.kologinsky@co.middlesex.nj.us) or [jay.kwiecinski@co.middlesex.nj.us](mailto:jay.kwiecinski@co.middlesex.nj.us)*

| <b>Have you attached to this application:</b>  | <b><u>YES OR NO?</u></b> |
|--|--------------------------|
| <b>REQUIRED: A cover letter</b> that includes your top two internship program preferences and your reasons for applying.   |                          |
| <b>REQUIRED: A professional work résumé</b> that lists: education and training, work history, public health experience, and computer skills                              |                          |
| <b>OPTIONAL: One letter of reference.</b> <i>We prefer that your application arrives as a complete packet; however, letter of reference will be accepted separately.</i> |                          |
| <b>Name of reference:</b>  |                          |

