STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
STUDENT INTERNSHIP APPLICATION

Please check which program you are applying for: ☐ Internship/Practicum ☐ Job Shadowing

Please complete Sections I – VI. A copy of your resume must be attached to this application. Please note: all internships are UNPAID, unless noted otherwise.

I. APPLICANT INFORMATION

Last Name: First Name: M.I.: Date:

Address: Apt#:

City: State: Zip:

Phone: Email Address:

Are you a: (check all that apply) ☐ U.S. Citizen ☐ International Student ☐ State of Connecticut Employee ☐ Permanent Resident

College/University Name:

Address:

City: State: Zip:

II. ACADEMIC INFORMATION

Major: Expected Graduation Date:

Academic Advisor Name: Phone:

Level: ☐ Undergraduate ☐ Graduate ☐ Post Graduate

A. *I am applying for a specific project as listed on the DPH website:* Please enter Project Name

B. I am applying for an internship for the following semester and year: Semester YYYY

Please identify your areas of interest (in order of preference):
Every effort will be made to place students according to their areas of specialization or academic interest

1. Choose an area
2. Choose an area
3. Choose an area

C. Please check box if you would like your application to be considered for any immediate opportunities in your areas of interest that may become available after you submit your application. ☐

III. INTERN INFORMATION

1. How many hours are you available for an internship/job shadowing? per week
2. Are you applying for academic credit or to fulfill practicum requirements? ☐ Yes ☐ No total hours needed
3. When will you be available to start? (MM/DD/YYYY): Start Date: End Date:
4. Are you fluent in a language(s) other than English? ☐ Yes ☐ No

   If yes, please specify language and indicate if oral/written or both:

IV. RELEVANT COURSEWORK

1.

2.

3.

4.

5.

V: OPTIONAL INFORMATION

We request that you voluntarily supply the following information:

1. Gender: ☐ Male ☐ Female ☐ Other, specify
2. Race: ☐ White ☐ Black ☐ Hispanic ☐ Asian or Pacific Islander
   ☐ American Indian or Native Alaskan ☐ Other
3. Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino
4. How did you learn about our internship/job shadowing opportunities?

VI. APPLICATION CERTIFICATION

Applicant **must** sign the application via typed electronic signature.

By signing/typing my name on the signature line below, I certify that the information on this application is correct. I authorize the Connecticut Department of Public Health to call my Academic Advisor to obtain information pertinent to my responsibilities as an intern at the Department of Public Health. I agree to abide by the policies, directives and laws of the Department of Public Health.

Signature of Applicant (Required) Date

Name of Applicant (print or type)

VII. Application Submission

If you have a desktop email application, clicking the 'Submit by email' button will open the email application and the program will generate a new email message and automatically address the e-mail. The application is automatically attached; please proceed to attach your resume to the same email. If you want a copy of the application you will have to save a copy to your desktop/device or print. **Note:** some desktop email applications may not function as stated above. In this case please save the application form to your desktop/device; open your email program and address a new email to: dph.internshipapplications@ct.gov; attach the saved application file and your resume to the email.

Don't forget to attach your resume! **Click here to Submit Application**

THE DEPARTMENT OF PUBLIC HEALTH AIMS TO PROVIDE EQUAL OPPORTUNITY IN ALL ASPECTS OF EMPLOYMENT AND ADVANCEMENT, FOSTERING AN ENVIRONMENT COMMITTED TO SUPPORTING INDIVIDUALS IN ALL PROTECTED CLASSES. IF YOU REQUIRE AID/ACCOMMODATION TO PARTICIPATE FULLY AND FAIRLY, PLEASE CONTACT THE AFFIRMATIVE ACTION OFFICE AT 860/509-7220.

For DPH Student Internship Coordinator Use Only:

Placed ☐ Date:	Not Placed ☐
Preceptor Name & Contact Information:	☐ A-Education inadequate ☐ B-Experience inadequate ☐ C-Special requirements not met ☐ D-References ☐ E-Other: