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 Year

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 ☐ a.m. ☐ p.m. ☐ both
2. Are you applying for academic credit or to fulfill practicum requirements? ☐ No ☐ Yes total hours needed
3. Does your academic program require a preceptor with specific credentials (e.g., MPH, LCSW)? ☐ No ☐ Yes Specify
4. When will you be available to start? (MM/DD/YYYY): **Start Date**: **End Date**:
5. Are you fluent in a language(s) other than English? ☐ No ☐ Yes

   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 – There are two ways to submit your application. Please read the following instructions closely.

1. For Students that have web-based or internet email (e.g., Gmail, Yahoo):
   - Complete the Internship Application and save to your desktop/device
   - Access your email and create a new message to: dph.internshipapplications@ct.gov
   - Attach the saved Internship Application **AND** your Resume to the email and click Send.
   - You will receive an automated message indicating receipt of your application.

2. For Students who have a desktop email application (e.g., Outlook Express):
   - Complete the Internship Application and Click the button below. PLEASE NOTE: If you would like a copy of the application please save it to your desktop/device before clicking the Submit Application button

Submit Your Application

   - Your email application will generate a new email message and automatically address the email to dph.intershipapplications@ct.gov . It will also automatically attach a copy of the completed Internship Application.
   - Now **Attach Your Resume** to the same email and click Send.
   - You will receive an automated email message indicating receipt of your application.
   - **PLEASE NOTE:** If your desktop email application does not function as noted above, or you do not receive an automated email receipt, resubmit using option #1 above.

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.