



Grady Internship Application

Personal Information:

Full Name: _____
First Name Middle Initial Last Name (Maiden)

Birth Date: _____ / ____ / ____ Social Security #: _____ - ____ - ____

Ethnicity: Asian Black or African American Hispanic or Latino White Other

Mailing Address: _____

City State ZIP Code

Home Phone: (____) ____ - ____ Cell Phone: (____) ____ - ____

E-mail Address: _____

School Information:

College: _____
School City/State Major

Does your school have a current affiliation agreement with Grady Health System?

Supervisor: _____
 Phone: (____) ____ - ____

Internship Information:

Area of Study: _____

Number of intern hours needed: _____

Briefly describe what you need from this internship (explanation):

References:

You must provide two references that are not related to you. Complete reference information is necessary to process your application.

1. Full Name: _____
First Name Middle Initial Last Name

Mailing Address: _____

City State ZIP Code

Phone: (____) ____ - ____ Fax: (____) ____ - ____

E-mail Address: _____

2. Full Name: _____
First Name Middle Initial Last Name

Mailing Address: _____

City State ZIP Code

Phone: (____) ____ - ____ Fax: (____) ____ - ____

E-mail Address: _____

Emergency Contact:

Name: _____

Address: _____

Home Phone: () - City State ZIP Code
Work Phone: () - Ext. _____

Grady Information (if known):

Manager's Name: _____

Department: _____

Phone: () - _____

Miscellaneous:

1. Have you ever applied for employment with Grady Health System? Yes No

If Yes, give approximate dates and positions applied for:

2. Have you ever been employed by Grady Health System? Yes No

If Yes, give the dates and name under which you were employed:

3. List the names of any relatives employed by Grady Health System:

4. Have you ever been convicted and/or arrested for any criminal offenses?

Yes No

If "Yes", please explain below. Give the nature of offense, date of penalty, name and location of court and final disposition.

(Disclosure of a criminal record will not necessarily disqualify you from placement. Each conviction will be evaluated on its own merits with respect to circumstance, seriousness and time, in relation to the intern position for which you are applying.)

Additional Comments:

I hereby certify that all answers given by me on this application are true to the best of my knowledge.

I authorize the Grady Health System to write or telephone my references whom I have listed on this application for the purpose of acquiring reference information from them and I release the Grady Health System and anyone releasing this information to the Grady Health System from any liability based on such release. I understand that intern positions are assigned as determined by the Health System, based on availability of an appropriate assignment. Should I become an intern and the Health System finds that I am not suited to the assignment or my performance is otherwise unsatisfactory, my intern assignment may be terminated without further explanation. I also agree to the rules and regulations that govern the Grady Health System interns.

Signature: _____ Date: _____