



Emergence Health Network

Training Opportunity Application

What are you interested in? Intern Fellow Preceptor Resident Externship

Note: **Only applicants who are currently enrolled in college or graduate school and have a current “Affiliation Agreement” with Emergence Health Network will be eligible to apply.**

Applicant Information

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

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Sponsoring Organization

Who is your sponsoring organization? _____

How did you learn about the us? _____

How many hours do you need? _____

What position are you looking to work in: _____

What is your work availability schedule? (Please keep in mind we may not be able to accommodate all schedules.)

Begin Date: _____ End Date: _____

Are you currently employed by Emergence Health Network? Yes No

If so, please indicate unit and supervisor below: _____

Have you ever been employed by Emergence Health Network? Yes No

If so, please indicate unit and supervisor: _____

Education

High School & Pre-College

High School City, State Attended _____



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Have you ever attended a pre-college program? If so, please describe where, when and what you studied:

Undergraduate Studies

Undergraduate Institution City, State Dates Attended _____

Major(s) _____ Minor(s) _____

Anticipated graduation date _____

Graduate Studies

Graduate School City, State Dates Attended _____

Field of Study: _____

Anticipated graduation date: _____

Previous Internship

Have you ever participated in an internship program? Yes No

If Yes, please print company _____ Phone _____

Address _____

Responsibilities: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to a training opportunity, I understand that false or misleading information in my application or interview may result in my release.

Print Name: ----- Signature: _____ Date: _____

Print application, sign, and email to: HR-Help Desk@ehnel Paso.org

Office Use Only:

Affiliation Agreement in Place? Yes No

Contact Date: _____ Contact Made by: _____ (i.e. phone,email, etc..)

Supervisor Contacted: _____

Interview Date: _____ Selected? Yes No

Start Date: _____ End Date: _____