



SUMMER INTERNSHIP APPLICATION FORM

AdminaHealth is an equal employment opportunity employer. Discrimination because of an individual's race, color, religion, sex, handicap or national origin is prohibited.

In order to be considered for a summer internship, you must be 18+ years old and submit a signed and completed application form along with your resume and 2 letters of recommendation. Please refer to the Internship section in the Careers Section of our website (www.adminahealth.com) for more information. All application items must be submitted as a complete package. Incomplete applications will not be reviewed.

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Phone: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

School Name: \_\_\_\_\_

School Phone Number: (\_\_\_\_) \_\_\_\_\_

What is your major/area of Study? \_\_\_\_\_

What year are you in?  Freshman  Sophomore  Junior  Senior  Other: \_\_\_\_\_

List the beginning and end dates you want to do an internship: \_\_\_\_\_

Hours per week available: \_\_\_\_\_ (AdminaHealth's Internship Program is an 8 week minimum program that runs Monday – Friday, 8:00 AM EST – 5:00 PM EST, 40 hours per week)

Are you legally eligible to work in the U.S.?  Yes  No

If you are not a U.S. Citizen, are there any restrictions on your eligibility for employment?

\_\_\_\_\_

Are you willing to undergo a background check and drug screening, in accordance with local law/regulations?       Yes       No

Why would you like to work as an AdminaHealth Intern?

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Describe any student organizations, job experiences, additional course work (undergraduate or graduate), skills, degrees, certifications, or licenses that you have that will help you with this internship.

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Describe your career goals and how this internship will help you reach those goals. Be specific about the experiences you want to gain through this internship and why you believe this internship can provide such an experience.

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I certify that all of the statements in this application are true and complete to the best of my knowledge. I understand that a false or incomplete answer may be grounds for not considering me or for my dismissal.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please Email application form, resume, and 2 letters of recommendation to:

[Careers@adminahealth.com](mailto:Careers@adminahealth.com)

If your application is accepted, you will be invited to interview for an internship.