

STUDENT APPLICATION



Applicants are considered without regard of race, color, religion, sex, age, national origin, disability, pregnancy status, veteran status, gender identity/expression, sexual orientation, genetic information, or any other status protected by law.

(PLEASE PRINT)

Opportunity Interested In:	Date:
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Last Name	First Name	Middle Name	Name You Use
Address		City	State
Telephone Number(s)		Email Address	
		Zip Code	

Semesters Requesting Internship (Please circle) Fall Spring Summer Year ____ Date available ____/____/____

Have you ever filed an application with us before?..... Yes No
 If Yes, give date _____

Have you ever worked for Compass, Family Counseling, Pathways, Royal Oaks or Crider Health Center?..... Yes No
 If Yes, give date _____

Do any of your relatives work here?..... Yes No
 If Yes, please list name and relationship _____

Are you a spouse, child, parent, brother, or sister by blood or marriage of any member of the Board of Directors of Compass Health, Inc.? Yes No

Have you ever had a probable cause finding of abuse or neglect by the Department of Family Services? Yes No
 If Yes, please explain _____

Have you been convicted of, pleaded guilty or nolo contendere to, or received a suspended imposition and/or execution of sentence (SIS or SES) for a felony or misdemeanor; or are actively on probation or parole? Yes No
 If Yes, please explain _____

Notice for all applicants: A conviction or guilty plea is not necessarily a bar to admission and will be considered only as it relates to the opportunity. Additionally, this question does not include, and you are not required to disclose, guilty pleas or convictions of criminal offenses when: the guilty pleas or conviction record has been sealed, expunged, erased, eradicated, annulled, or pardoned by a court and/or pursuant to applicable law.

EDUCATION

	Name and Address of School	Major/Course of Study	Diploma/Degree Awarded
High School	Name: _____ Address: _____ City: _____ State: _____ Zip: _____		Type of Diploma/Degree High School, GED, Other _____ Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Name: _____ Address: _____ City: _____ State: _____ Zip: _____		Type of Diploma/Degree _____ Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Name: _____ Address: _____ City: _____ State: _____ Zip: _____		Type of Diploma/Degree _____ Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No
Undergraduate College	Name: _____ Address: _____ City: _____ State: _____ Zip: _____		Type of Diploma/Degree _____ Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Name: _____ Address: _____ City: _____ State: _____ Zip: _____		Type of Diploma/Degree _____ Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Name: _____ Address: _____ City: _____ State: _____ Zip: _____		Type of Diploma/Degree _____ Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No
Graduate Professional	Name: _____ Address: _____ City: _____ State: _____ Zip: _____		Type of Diploma/Degree _____ Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Name: _____ Address: _____ City: _____ State: _____ Zip: _____		Type of Diploma/Degree _____ Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Name: _____ Address: _____ City: _____ State: _____ Zip: _____		Type of Diploma/Degree _____ Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No
Other (Specify)	Name: _____ Address: _____ City: _____ State: _____ Zip: _____		Type of Diploma/Degree _____ Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Name: _____ Address: _____ City: _____ State: _____ Zip: _____		Type of Diploma/Degree _____ Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Name: _____ Address: _____ City: _____ State: _____ Zip: _____		Type of Diploma/Degree _____ Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No

Describe any specialized training, military training, apprenticeship, skills, and extra-curricular activities that would be a benefit in the job for which you are applying.

LICENSE (IF APPLICABLE EMAIL COPY OF ORIGINAL LICENSE TO RECRUITER)

License Type: _____	License Type: _____
License #: _____	License #: _____

Please provide name and contact information for individuals who can attest to your suitability for the position for which you are applying.

REFERENCES

1.	Name	Email	Phone #
	Address	City	State Zip
2.	Name	Email	Phone #
	Address	City	State Zip

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application.

In the event I am accepted for an internship, I understand that false, misleading, or omitted information given in my application or interview(s) may result in withdrawal or termination of the arrangement. I understand I am required to abide by all rules and regulations of the organization.

Signature of Applicant

Date