

## APPLICATION FOR INTERNSHIP

## ADMINISTRATIVE OFFICE

621 W. Madrone Street P.O. Box 1121 Roseburg, Oregon 97471 Phone: (541) 672-2691 Fax: (541) 673-5642

Web: www.adaptoregon.org

Adapt Integrated Health Care is an equal opportunity employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, disability, or status as a protected veteran. We always welcome nominations and applications from women, members of any minority group, and others who share our passion for building a diverse community that reflects the diversity in our clientele. For anyone needing assistance or accommodations with Adapt's application process, please reach out to our team at careers@adaptoregon.org or by calling (541) 672-2691 and asking for our Human Resources department.

Name:				Social Security #:		
	Last	First	Middle			
Address:	Street		City	State	Zip Code	
Phone:			Cell/Other Phone:			
E-mail:						
Date of appli	ication:/	/Desi	red internship start date:/_	_/ Projected end	date:	
Total numbe	r of hours	Hours per week				
Supervisor q	uanneations					
Are you expe	ecting to carry a c	caseload and/or meet v	vith clients independently?			
Referral Sou	urce (please chec	k the appropriate cates	gory and name the source.)			
	-	k the appropriate cate	•	er		

Have you ever been employed here before?	Briefly describe your interest in interning at Adapt, your
□ Yes □ No	professional goals and what you hope to gain from this
If <b>yes</b> , give dates: From/	experience:
To/	
Are you prevented from lawfully becoming employed in this	
country because of Visa or Immigration Status? Proof of citizen	
ship or immigration status will be required upon employment.	
☐ Yes ☐ No	
Are you able to perform the essential functions of the job for	
which you are applying (with or without reasonable	
accommodation)?	
☐ Yes ☐ No ☐ Need more information about the job's	
essential functions to respond.	
Please be aware that Adapt conducts drug screening on all new	
employees and interns. Also please note that cannabis use is	
also prohibited for employees and interns.	
E	
Explain on the back side of this form, any gaps in en	iployment of more than one month.
EMPLOYMENT HISTORY	
EMPLOYMENT HISTORY Starting with your most recent employer, please provide the fo	llowing information.
EMPLOYMENT HISTORY Starting with your most recent employer, please provide the fo	
Starting with your most recent employer, please provide the fo	Month Year to Month Year
Employer Phone #	Month Year to Month Year
Starting with your most recent employer, please provide the fo	Month Year to Month Year
Employer Phone #	Month Year to Month Year
Employer Phone #  Street Address City State Zip	Month Year to Month Year  Dates employed:/
Employer Phone #	Month Year to Month Year  Dates employed: /
Employer Phone #  Street Address City State Zip	Month Year to Month Year  Dates employed:/
Employer Phone #  Street Address City State Zip	Month Year to Month Year  Dates employed:/
Employer Phone #  Street Address City State Zip	Month Year to Month Year  Dates employed:/
Employer Phone #  Street Address City State Zip	Month Year to Month Year  Dates employed:/
Employer Phone #  Street Address City State Zip  Why did you leave?	Month Year to Month Year  Dates employed:/
Employer Phone #  Street Address City State Zip	Month Year to Month Year  Dates employed:/
Employer Phone #  Street Address City State Zip  Why did you leave?	Month Year to Month Year  Dates employed:/
Employer Phone #  Street Address City State Zip  Why did you leave?	Month Year to Month Year  Dates employed:/
Employer Phone #  Street Address City State Zip  Why did you leave?	Month Year to Month Year  Dates employed:/

 Employer		Phone #	Month Year to Month Year
Linployer		i none π	Dates employed:/
Street Address	City	State Zip	
			Job Title
Why did you leave?			
			Immediate Supervisor Name/Title (for last position held)
			May we contact for reference?  ☐ Yes ☐ No ☐ Later
Summarize the type of	f work performed and job 1	esponsibilities:	
Employer		Phone #	Month Year to Month Year  Dates employed:
Street Address	City Sta	te Zip	
Why did you larva?			Job Title
——————————————————————————————————————			Immediate Supervisor Name/Title (for last position held)
			May we contact for reference?  ☐ Yes ☐ No ☐ Later
Summarize the type of	f work performed and job i	responsibilities:	
RELATEI	D INFORMATION		
List professional, tra	de, business or civic activ	rities and offices h	eld.
You may exclude mem status:	bership which would reved	al gender, race, reli	igion, national origin, age, ancestry disability or other protected

References:				5 paatea 5/ 11/ 21 Li				
	rences and include their contact information	(phone email):						
rease usi un ce peer rejei	chees and include their condet information	(phone, email).						
List special accomplishme	ents, publications, and awards. Include speci	alized skills (Computer,	Typing, etc.)					
EDUCATION	Name and Location of School	Month/Year to Month/Year	Degree Received	Subjects Studied /Major				
High School or Equivalent								
College or								
University Graduate School								
Graduate School								
APPLICANT	C'S STATEMENT							
I certify that answers given h	arain are true and assuments							
			,					
l authorize investigation of a decision.	ll statements contained in this application for emp	oloyment as may be necessa	iry in arriving at a	in internship placement				
This application for internshi	ip shall be considered active for a period of time i	not to exceed 45 days.						
If placed in an internship, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.								
Signature of Intern	Applicant			Date				
	Intern Committee	USE ONLY						
Schedule Interview 1	□ Yes □ No							
General Comments:								