



**INTERN APPLICATION**

*TriHealth is an affirmative action/equal employment opportunity employer. Discrimination because of race, color, religion, sex, handicap, sexual orientation or national origin is prohibited.*

*In order to be considered for an internship, you must submit a completed application form along with a cover letter, resume, references and two letters of recommendation.*

Name: \_\_\_\_\_ SS: \_\_\_\_\_  
Local Address: \_\_\_\_\_  
Local Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Permanent Address: \_\_\_\_\_  
Permanent Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
  
University (if applicable): \_\_\_\_\_  
University Address: \_\_\_\_\_  
University Intern Coordinator: \_\_\_\_\_  
Intern Coordinator Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Academic Major (with emphasis): \_\_\_\_\_ GPA: \_\_\_\_\_  
Does your university provide liability insurance?       Yes       No

**Internship Interested In:**

<u>Corporate Fitness and Health Promotion</u>	<u>Commercial/Community Fitness</u>
<input type="checkbox"/> Bethesda North Employee Fitness	<input type="checkbox"/> City of Evendale Fitness Center
<input type="checkbox"/> GE Fitness Center	<input type="checkbox"/> TriHealth Fitness Pavilion
<input type="checkbox"/> Patheon Pharmaceuticals	<input type="checkbox"/> YWCA of Cincinnati
<input type="checkbox"/> Procter and Gamble GO	
<input type="checkbox"/> Procter and Gamble HCRC	<u>Other</u>
<input type="checkbox"/> Procter and Gamble ITC	<input type="checkbox"/> Fitness Management
	<input type="checkbox"/> Spa Management
	<input type="checkbox"/> Child/Adult Recreation
	<input type="checkbox"/> Child Care

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Internship Period  
Applying For:  
 Spring (January-April)     Summer (May-August)     Fall (September-December)

Career Goal:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Education:

High School: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

High School City/State: \_\_\_\_\_

College: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

College City/State: \_\_\_\_\_

Please list any certifications or licenses you currently hold:

\_\_\_\_\_  
\_\_\_\_\_

Employment History (include paid, volunteer, and intern positions)

Most Recent Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor Name/Title: \_\_\_\_\_

Position Title: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Description of Duties: \_\_\_\_\_  
\_\_\_\_\_

Most Recent Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor Name/Title: \_\_\_\_\_

Position Title: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Description of Duties: \_\_\_\_\_  
\_\_\_\_\_

Most Recent Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor Name/Title: \_\_\_\_\_

Position Title: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Description of Duties: \_\_\_\_\_  
\_\_\_\_\_

I hereby acknowledge that the information submitted on this form is truthful to the best of my knowledge. I also acknowledge that any information provided with this application will be kept on file for future reference.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date