



APPLICATION FOR INTERNSHIP POSITION

PERSONAL INFORMATION:

Name: _____ **Date of Birth:** ___/___/___

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone #: (____) _____ - _____ **Cell Phone #:** (____) _____ - _____

Emergency Contact: _____ **Relationship:** _____

Emerg. Contact Home #: (____) _____ - _____ **Emerg. Contact Cell #:** (____) _____ - _____

E-mail Address: _____ **Referred By:** _____

High School: _____ **Graduation Year:** _____

College/University: _____ **Graduation Year:** _____

Major: _____ **Minor:** _____

CLINICAL BACKGROUND:

Subjects of Special Study: _____

Research Work or Special Training/Skills: _____

FORMER EMPLOYERS: (LIST LAST THREE EMPLOYERS, STARTING WITH MOST RECENT)

From: _____ **To:** _____

Name and Address: _____ **Position:** _____

Reason for Leaving: _____

From: _____ **To:** _____

Name and Address: _____ **Position:** _____

Reason for Leaving: _____

From: _____ **To:** _____

Name and Address: _____ **Position:** _____

Reason for Leaving: _____

REFERENCES:

NAME: _____ **NUMBER:** _____ **YEARS KNOWN:** _____

NAME: _____ **NUMBER:** _____ **YEARS KNOWN:** _____

NAME: _____ **NUMBER:** _____ **YEARS KNOWN:** _____

What interested you in dentistry?
