



Sacramento Native American Health Center, Inc.

2020 J Street, Sacramento, California 95811
PH: 916-341-0575 FX: 916-498-9040 www.snahc.org

INTERN APPLICATION

Full Name _____ Date _____

Address _____

Phone No. _____ Email Address: _____

Department of Interest: _____ # of Hours Needed: _____

DAYS Monday Tuesday Wednesday Thursday Friday Saturday

TIMES 1-2 hours 3-4 hours 4-6 hours 6-8 hours Tentative

Specific time: _____ to _____ Date available: _____

Describe the reason you are interested in interning at SNAHC.

EDUCATION:

High School(s) attended: _____

Highest Grade Completed: _____

College(s) attended: _____

Course(s) of study: _____

Years completed: _____

Degree(s) Earned: _____

Additional Education: _____

EXPERIENCE:

SKILLS:

How did you learn about Sacramento Native American Health Center, Inc.?

School Family Friend Other (specify): _____

REFERENCES

List at least two **professional** references. (former employers or schools)

Name: _____	Phone #: _____
Title: _____	
Company or Organization: _____	

Name: _____	Phone #: _____
Title: _____	
Company or Organization: _____	

List at least one **personal** reference who is not related to you .

Name: _____	Phone #: _____
How long have you been acquainted? _____ yrs.	_____ mos.

<p>Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please explain:</p>

List any additional information that you feel is important in considering you for an internship at SNAHC.

Government agencies at times require periodic reports on ethnicity, gender, handicap, veteran and other protected status of employees. Although SUBMISSION OF THIS INFORMATION IS VOLUNTARY, it is greatly appreciated for reporting purposes.		
<input type="checkbox"/> Male	Birth date: _____	
<input type="checkbox"/> Female		
<input type="checkbox"/> White	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Vietnam Veteran
<input type="checkbox"/> Black	<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Disabled Veteran
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Other _____	<input type="checkbox"/> Disabled Individual

APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge.

_____ Signature of Applicant	_____ Date
_____ Signature of Parent/Guardian (if a minor)	_____ Date

Due to the nature of this organization, Indian Preference will be exercised in accordance with the Indian Preference Act (Title 25, US Code, Section 472 and 473). Individuals claiming Indian Preference must submit documentation certified by tribe of affiliation or other acceptable documentation of Indian heritage.