

University of Medicine & Dentistry of New Jersey

INTERN INFORMATION SHEET

Name: _____ Social Security No. _____
(Last Name) (First Name/Initial) (Middle Name/Initial)

Address: _____
(Street) (Apt. #) (City) (State) (Zip Code)

Phone Numbers: _____
(Home) (Other)

EDUCATION (List Name and Address of School)

HIGH SCHOOL: _____ Diploma Equivalent

Last Year Completed: _____ Did you graduate? Yes No

COLLEGE/UNIVERSITY: _____ Major/Specialization: _____

Last Year Completed: _____ Did you graduate? Yes No

TRADE/BUSINESS SCHOOL: _____ Did you graduate? Yes No

Diploma/Degree Received: _____

GRADUATE SCHOOL: _____ Did you graduate? Yes No

Diploma/Degree Received: _____ Major/Specialization: _____

DRIVER'S LICENSE No. _____ State Where Issued: _____ Expiration Date: _____

PROFESSIONAL CERTIFICATION/LICENSE: _____ License/Document No. _____

Type of Document: _____ Date Issued: _____ Expiration Date: _____

LIST ADDITIONAL SKILLS:

BACKGROUND

Do you have the legal right to reside in the U.S.? Yes No

If yes, please enter: Alien Registration No. _____ Visa: _____ Expiration Date: _____

Naturalization No. _____ Date Issued: _____ Place: _____

Are you currently an employee of UMDNJ? Yes No

Were you previously employed by UMDNJ? Yes No

If yes, please indicate dates: From _____ To _____ Unit/School: _____

Department: _____

Do you have a relative that currently works for UMDNJ? Yes No

If yes, please enter name: _____

Have you been convicted of a crime or found/pled guilty of a disorderly person's offense or misdemeanor (exclude any minor motor vehicle offenses)? Yes No

If yes, please explain below. Continue on a separate sheet and attach to application if more space is needed. Include any crimes, misdemeanors, or disorderly convictions.

Why do you want to participate in an internship program?

INTERN & EMPLOYMENT HISTORY (list last three , starting with most recent)

From: _____ **To:** _____

Employer: _____ **Phone No.** _____

Address: _____ **City:** _____ **State:** ____ **Zip Code:** _____

Job Title: _____

Responsibilities: _____

Reason for Leaving: _____

Immediate Supervisor: _____ **Phone No.** _____

If currently employed, may we contact your employer? Yes **No**

From: _____ **To:** _____

Employer: _____ **Phone No.** _____

Address: _____ **City:** _____ **State:** ____ **Zip Code:** _____

Job Title: _____

Responsibilities: _____

Reason for Leaving: _____

Immediate Supervisor: _____ **Phone No.** _____

From: _____ **To:** _____

Employer: _____ **Phone No.** _____

Address: _____ **City:** _____ **State:** ____ **Zip Code:** _____

Job Title: _____

Responsibilities: _____

Reason for Leaving: _____

Immediate Supervisor: _____ **Phone No.** _____

I hereby release from liability all persons, corporations, or other organizations furnishing information. I am aware that my *internship status* with the University is conditional depending on the results of verification of references, licenses, educational background, criminal background check, and if required, a physical examination. It is understood and agreed that any misrepresentation, to the best of my knowledge and belief in this application will be sufficient cause for cancellation of the *application for an internship position, and/or termination of my internship.* I hereby give the University of Medicine & Dentistry of New Jersey permission to investigate all references and to secure any additional information that may be required.

In accordance with Federal law, UMDNJ will not employ or enter into contracts or otherwise engage with any individual or entity that is currently excluded by the Office of the Inspector General (OIG) and/or the General Service Administration (GSA) from participating in Federal programs.

I have read the above statement and I do certify that I am not currently excluded by the OIG and/or the GSA from participating in Federal healthcare programs.

Signature: _____

Date: _____