



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, and two letters of recommendation.

Name: _____ Last Four Digits of SS#: XXX-XX-_____

Local Address: _____

Local Phone: _____ Email: _____

Permanent Address: _____

Permanent Phone: _____ Date of Birth: _____

University: _____

University Address: _____

University Intern Coordinator: _____

Intern Coordinator Phone: _____ Email: _____

Academic Major: _____

Does your University provide liability insurance: YES _____ NO _____

Internship Interested In:

___ Fitness Management/ Personal Training

___ Athletic Training

___ Health Promotion

___ Business Management/ Health Care Administration

___ Group Fitness

___ Marketing/Sales

___ Aquatics

___ Spa Management

___ Child/Adult Recreation

___ Nutrition & Food Service Management

Internship Period Applying For:

___ Spring (January – April) ___ Summer (May – August) ___ Fall (September – December)

Education

High School: _____ Date of Graduation: _____

High School City/State: _____

College: _____ Date of Graduation: _____

College City/State: _____

Internship Goals: _____

Career Goal: _____

Employment History (include paid, volunteer and intern positions)

Employer: _____ Phone: _____

Address: _____

Supervisor Name/Title: _____

Position Title: _____ Start Date: _____ End Date: _____

Description of Duties: _____

Employer: _____ Phone: _____

Address: _____

Supervisor Name/Title: _____

Position Title: _____ Start Date: _____ End Date: _____

Description of Duties: _____

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. A also acknowledge that any information provided with this application with be kept on file for future reference.

Applicants Signature

Date

Return completed Application to:

LaShaunda Jones

TriHealth Fitness & Health Pavilion

6200 Pfeiffer Rd.

Cincinnati, OH 45242

513 246 2647 Phone / 513 985 0918 Fax

lashaunda_jones@trihealth.com