

Bethlehem Health Bureau
Internship Application

PERSONAL INFORMATION

First Name: Last Name:
Home Address: Apt #:
City:
State: Zip Code:
Phone Number: E-mail Address:

EDUCATION

Major Area of Study/Degree:
Undergraduate Graduate

College/University:
Date of Graduation:

INTERNSHIP DETAILS

Semester Requesting Internship:
Fall Spring Summer
Internship Required Hours:
Requested Start Date:
Anticipated End Date:

Please submit the following with your application:

Resume

Documents confirming the completion of your background check

1) Criminal History Record Information obtained from the PA State Police, 2) Child Abuse Clearance obtained through the PA Department of Public Welfare, 3) Federal Criminal History Record Information (Federal Background Check) obtained by submitting a full set of fingerprints to the PA State Police or its authorized agent for submission to the Federal Bureau of Investigation.

If accepted as an intern, I understand and agree that this opportunity is provided as an unpaid internship. I further agree to abide by all rules and regulations set forth by the City of Bethlehem.

Signature:

Date:

Electronic Signature is accepted