



# APPLICATION FOR INTERNSHIP

Oaks Integrated Care considers applicants for all positions without regard to: race; color; religion; sex; national origin; age; sexual orientation; marital or veteran status; the presence of a medical condition, genetic information or handicap, unrelated to performing the tasks of the job; or any other legally protected status.

Date of Application: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Street City Zip

Current Occupation: \_\_\_\_\_

Current College or University you are attending: \_\_\_\_\_

Please indicate how many service hours this internship will require: \_\_\_\_\_

Please indicate when the internship will begin and end (please list dates, if applicable): \_\_\_\_\_

Please list/describe the type of supervision you require: I.E. (LPC, LCSW, BSW, MSW, etc): \_\_\_\_\_

Which fields are you interested in working with (please select all that apply):

- Developmental Disabilities  Psychiatric/behavioral health  Counseling  Foster Care  Substance Abuse  
 Administrative (i.e. Human Resources, Payroll, Finance, Information Technology (IT))  RN  APN

Which population are you looking to work with (please select all that apply):  Youth  Adults  Families

General public

What is your availability?  Day Shift  Evening Shift  Weekends

In which areas would you prefer to work?  Atlantic  Burlington  Camden  Cumberland  
 Cape May  Gloucester  Mercer  Monmouth  
 Salem

How did you hear about us:  Newspaper  Employee  Internet  Walk-in  Job Fair  Other

Please list/describe: \_\_\_\_\_

On what date would you be able to start working? \_\_\_\_/\_\_\_\_/\_\_\_\_

## EDUCATION

List all of your educational and training experiences including all special certificates and honors earned.

School and Location	Type of Degree	Major/Field of Study	Graduated
	<input type="checkbox"/> Diploma <input type="checkbox"/> Associates <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> PHD <input type="checkbox"/> Certificate:		<input type="checkbox"/> Yes <input type="checkbox"/> No: Credits earned:
	<input type="checkbox"/> Diploma <input type="checkbox"/> Associates <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> PHD <input type="checkbox"/> Certificate:		<input type="checkbox"/> Yes <input type="checkbox"/> No: Credits earned:

	<input type="checkbox"/> Diploma <input type="checkbox"/> Associates <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> PHD <input type="checkbox"/> Certificate:		<input type="checkbox"/> Yes <input type="checkbox"/> No: Credits earned:
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Professional Licenses/Certifications:

Have you ever been employed at:

- Oaks Integrated Care (formally Twin Oaks Community Services)?  Family Service?  
 Steininger Behavioral Care Services?

If yes, give dates: from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_; reason for leaving: \_\_\_\_\_

Do you have a valid driver's license?  Yes    No   In what state: \_\_\_\_\_

Are you legally eligible for employment in this country?  Yes    No

Have you ever been convicted of a crime?  Yes    No

If yes, please give date, location and circumstances: \_\_\_\_\_  
*(Conviction may be relevant if job related but does not necessarily bar you from employment)*

Have you ever been adjudged (received a guilty ruling), in a civil or criminal court for abusing a developmentally disabled person receiving services from the Department of Developmental Disabilities or placed with a community service provider regulated by the Department of Human Services or any other service or community provider?  No    Yes

If yes, please explain: \_\_\_\_\_

Provide any additional relevant experience including volunteering, internships, and/or life experience.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## AUTHORIZATION/DECLARATION

Please read the following statements and select either Yes to agree or No to disagree:

Yes    No   I certify that the answers given herein are true and complete to the best of my knowledge. I understand that false or misleading information given in my application and/or interview(s) may result in disqualification for employment and/or discharge.

Yes    No   I consent to taking an employment physical and PPD if required and any such future physical examinations as may be necessary.

Yes    No   I consent to taking a post-offer drug screening.

Yes    No   If an internship is obtained with Oaks Integrated Care, I understand that my internship is subject to passing a criminal background check. I agree to pay the mandatory \$40.70 fee upon scheduling my criminal background check.

Yes  No I also understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between Oaks Integrated Care and myself for either employment or providing any benefit. No promises regarding employment have been made to me and I understand that no such promises or guarantee is binding upon Oaks Integrated Care unless made in writing. If any employment relationship is established, I understand that I have the right to terminate my employment at any time and Oaks Integrated Care retains a similar right.

Yes  No I voluntarily give Oaks Integrated Care the right to make a thorough investigation of my past employment, educational background, and other relevant experiences. I agree to cooperate in such investigation and release from all liability or responsibility all persons, companies or corporations supplying such information. I indemnify Oaks Integrated Care against any liability which might result from making such an investigation.

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Applicant Signature

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Date