



# Kansas City Health Department Internship Application



**Public Health**

**Do you have a resume available?** (If yes, please attach)

Yes

No

**First Name :\***

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**Last Name :\***

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**Phone Number :\***

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**Email Address :\***

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**Permanent Address :\***

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**Local Address :\***

(If different from permanent)

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**Current Academic Level:\***

(i.e. under-graduate, graduate, doctorate, etc.)

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**Expected Grad Date:\***

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**Degree:\***

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**College/University:\***

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**Major:\***

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**References:\***

(Please list two)

**Name:\***

---

**Title:\***

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**Company:\***

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**Phone\***

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**Name:\***

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**Title:\***

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**Company:\***

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**Phone\***

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