

# Application for Student Placement H-19

The City of Milwaukee Health Department (MHD) student placement application is a fillable PDF. Complete the application as thoroughly as possible and follow the instructions on page 4 to submit.

<b>PLACEMENT TYPE</b>	<b>What type of student placement are you interested in?</b>		
	<input type="checkbox"/> Internship, field placement, or capstone project, for academic credit <input type="checkbox"/> Volunteer placement, not for academic credit <input type="checkbox"/> Observation or job shadowing <input type="checkbox"/> Other (specify):		

<b>CONTACT INFO</b>	<b>Name:</b>			
	<b>Current Address:</b>			
	<b>Phone:</b>			
<b>Email:</b>				

<b>ACADEMIC PROGRAM</b>	<b>Are you currently enrolled in an academic program?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (skip to next section)	
	<b>College or University:</b>	
	<b>Degree Program and Major:</b>	
	<b>Expected Graduation Year:</b>	
	<b>Faculty Advisor's Name:</b>	
	<b>Faculty Advisor's Email:</b>	
	<b>Will you receive course credit for this placement?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>Is the placement required for your academic program?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>Does your MHD preceptor need to have specific credentials?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please explain:	
	<b>Are there sepcific expectations of your MHD Preceptor?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please explain:	

<b>SCHEDULE</b>	<b>Preferred start date:</b>		<b>Preferred end date:</b>		
	<b>How many total hours are you seeking?</b>				
	<b>Average hours per week:</b>				
	<b>Please indicate your weekly availability:</b>				
	Monday	Tuesday	Wednesday	Thursday	Friday
<b>Is there anything else we should know about your availability?</b>					

<b>PLACEMENT</b>	<b>Are you applying for a placement listed on our website?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<b>If yes, specify which placement you are interested in:</b>				
	<b>If no, please indicate your top three areas of interest:</b>				
	<b>Priority Area 1:</b>				
	<b>Priority Area 2:</b>				
<b>Priority Area 3:</b>					

<b>SHORT ANSWER</b>	<b>1. Briefly explain why you would like to be placed at the City of Milwaukee Health Department. Include any specific knowledge or skills you would like to develop.</b>				
	<b>2. Please describe any relevant course work or experience that may be useful to your placement.</b>				
	<b>3. The City of Milwaukee Health Department is committed to serving diverse populations. Please describe your background or experience working with diverse populations.</b>				

<b>SHORT ANSWER, cont.</b>	<b>4. What are your career and/or educational goals?</b>
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<b>REFERENCES</b>	Please include two professional references with your application. It is highly recommended that references be familiar with your professional or volunteer experiences. Indicate what kind of relationship you have with the reference ( <i>e.g.</i> , previous supervisor, professor, etc.)	
	<b>1. Name &amp; Title:</b>	
	<b>Affiliation:</b>	
	<b>Phone:</b>	
	<b>Email:</b>	
	<b>Relationship:</b>	
	<b>2. Name &amp; Title:</b>	
	<b>Affiliation:</b>	
	<b>Phone:</b>	
	<b>Email:</b>	

<b>OPTIONAL INFORMATION</b>	<b>Gender:</b>	
	<b>Race/Ethnicity</b> <i>(check all that apply):</i>	<input type="checkbox"/> Asian <input type="checkbox"/> Black / African American <input type="checkbox"/> Native Hawaiian / Pacific Islander <input type="checkbox"/> Other: <input type="checkbox"/> American Indian / Alaska Native <input type="checkbox"/> White <input type="checkbox"/> Hispanic or Latino/a
<b>How did you learn about our student placement opportunities?</b>		

## **AGREEMENT**

By signing/typing my name on the signature line below, I certify that all answers to questions on this application are true and complete. I understand that falsification of this application may result in disqualification or removal from the MHD Student Placement Program.

I understand that the MHD and my institution/organization may conduct a criminal background check pertaining to my placement. I understand that the placement may be terminated if the department becomes aware of criminal history while I am placed at the MHD. I authorize the City to make any inquiries about and receive any information about my suitability for the placement. I give permission to persons contacted to provide such information.

I forever waive, release, and covenant not to sue any person or organization for any result of providing, obtaining or acting upon such information. I understand that such information is sought with confidentiality, and I will not request copies of such information. A copy of this authorization shall be effective as the original.

I understand that my participation in this program does not make me an employee of the MHD, nor will I represent myself as such, and I release the MHD, the City of Milwaukee, its officers, agents, employees and any third party organization from any and all liability for any claims of injury or damage of any kind whatsoever, as a result of my participation as a student placed at the MHD. I understand that I am not entitled to any benefits of employment, including workmen's compensation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **SUBMISSION INSTRUCTIONS**

1. Complete the Student Placement Application and save it to your computer.
2. Email the completed application and your current resume to [MHDtrain@milwaukee.gov](mailto:MHDtrain@milwaukee.gov).
  - a. Your resume should include your contact information, education, work and/or volunteer experience, and any other special skills you would like to highlight.
3. You will be notified when your application has been received, along with next steps.

*Note: Completing the application does not guarantee placement within the City of Milwaukee Health Department.*