

## Applicant Information Sheet

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

Permanent Address: \_\_\_\_\_  
(Number & Street)  
\_\_\_\_\_  
(City) (State) (Zip)

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of High School: \_\_\_\_\_

Graduation Date: \_\_\_\_\_ Preferred Healthcare Concentration: \_\_\_\_\_

Overall GPA: \_\_\_\_\_

Do you have relatives employed at Parkland?  Yes  No  
If yes, Name: \_\_\_\_\_ Department: \_\_\_\_\_

Are you authorized to work in the United States without additional assistance from Parkland?  Yes  No

Will you be at least 18 years of age on June 01, 2014?  Yes  No

Languages you speak? \_\_\_\_\_

Languages you write? \_\_\_\_\_

### Application Checklist:

To be received no later than Friday, February 6, 2015 by:

Kathi Hakes, MAHS	<input type="checkbox"/> Applicant Information Sheet	<input type="checkbox"/> Official Transcript
Program Manager - Career Development Ctr	<input type="checkbox"/> 3 Reference Letters	<input type="checkbox"/> Resume
Parkland Health & Hospital System		
5201 Harry Hines Blvd	<input type="checkbox"/> Personal Statement	
Dallas, TX 75235		