HOUSTON Methodist LEADING MEDICINE

HMH Student Pharmacist Internship Program

Student Pharmacist Internship Program Candidate Application

To fill out check boxes, double-click and then select "checked." Please save with your full name imbedded in the file name before sending electronically. **For your signature – Please use a digital image of your written signature and paste into the location provided.**

Applicant Information

Full Name: _____ Date: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____
City *State* *ZIP Code*

Phone: _____ Email _____

Date Available: _____

Are you a citizen of the United States? YES ☐ NO ☐ If no, are you authorized to work in the U.S.? YES ☐ NO ☐

Have you ever worked for this company? YES ☐ NO ☐ If yes, when? _____

Have you ever been convicted of a felony? YES ☐ NO ☐

If yes, explain: _____

Education

High School: _____ City and State: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐

College: _____ City and State: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

College of Pharmacy: _____ City and State: _____

Anticipated Year of Graduation: _____ Cumulative College GPA: _____

References

Please list at least one professional reference. You may list up to three.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: **$** _____ Ending Salary: **$** _____

Responsibilities: _____

_____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: **$** _____ Ending Salary: **$** _____

Responsibilities: _____

_____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:**$** _____ Ending Salary:**$** _____

Responsibilities: _____

_____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Personal Statement

In 350 words or less, please describe why you are interested in pursuing the Houston Methodist Student Pharmacist Internship Program. What do you hope to gain from the experience, and what strengths do you possess that will benefit the Department of Pharmacy Services patient care efforts?

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. I acknowledge that, if I'm selected, I will have to complete a Houston Methodist employment application, which includes drug and tobacco screening and an extensive background check before being granted employment at Houston Methodist.

If this application leads to employment, I understand that false or misleading information in any application or interview may result in my release.

Signature: _____ Date: _____

Application Checklist (for your use only – feel free to detach from application)

	YES	NO
I have completed all fields of the application above.	☐	☐
I have completed my CV or Resume in order to turn in with my application.	☐	☐
I have ordered all college transcripts and will have them delivered to the mailing address below.	☐	☐
I have e-mailed all application materials to the e-mail contact listed below.	☐	☐

Please submit application to:

Mail transcripts to:

Linda Haines, PharmD, MS, BCPS
Houston Methodist Hospital
Department of Pharmacy
6565 Fannin Street, DB1-09
Houston, TX 77030

E-mail applications and letters of recommendation to: lhaines@houstonmethodist.org