

Pennington Biomedical Research Center

Non-Employee Trainee General Interest Application

I. Personal Information

Application Date:

First Name:

Date of Birth:

MI:

Home Phone:

Last Name:

Cell Phone:

Email:

Are you a U.S. Citizen or alien who has the legal right to be in the U.S.? Yes
 No

Are you a highschool graduate? Yes No
Gender Male Female

Race: Married Yes No

Immigrant Non-Immigrant

Visa Category Date Granted Exp. Date

A. Permanent Address

Address 1: Preferred Contact
 Permanent
 School

Address 2:

City: State Zip

B. School Address

Address 1:

Address 2:

City: State Zip

C. Personal Experience

1. Do you have prior experience in research? Yes* No

**If yes, please briefly describe your experience:*

2. How did you hear about PBRC Non-Employee Trainee Opportunities?

II. References

Please list two professional or academic references. You may list former managers, supervisors or bosses, and/or educational references such as professors or advisors. Friends and relatives should not be listed.

A.

Name:

Address 1:

Title and Institution:

Address 2:

Phone

Email

City

How do you know this person?

State

Zip

B.

Name:

Address 1:

Title and Institution:

Address 2:

Phone

Email

City

How do you know this person?

State

Zip

III. Academic Information

A. Current Institution

College/University:	<input type="text"/>	City:	<input type="text"/>
Major:	<input type="text"/>	State:	<input type="text"/>
Minor	<input type="text"/>	GPA:	<input type="text"/>
		Classification	<input type="text"/>
Degree to be Awarded:	<input type="text"/>	Anticipated Graduation Date	<input type="text"/>

B. Previous Institution

		City:	<input type="text"/>
College/University:	<input type="text"/>		
		State:	<input type="text"/>
Major:	<input type="text"/>		
		GPA:	<input type="text"/>
Minor	<input type="text"/>		
Degree Awarded:	<input type="text"/>		
High School:	<input type="text"/>	City:	<input type="text"/>
GPA:	<input type="text"/>	State:	<input type="text"/>

IV. Trainee Opportunity Preferences

Research Interest (If more than one, please rank)

Please review the trainee areas listed below and provide your Top Request, 2nd and 3rd choice. You may write a sentence or two about your preferences in the space below.

- A. Basic Science - research experience in a basic science lab
- B. Clinical Science - studying drug treatments and lifestyle to combat diseases
- C. Population Science - using statistics to study health and disease data sets
- D. Preventive Medicine - lifestyle interventions and studies to prevent chronic disease
- E. Computer science or internet technology or graphic services

_____ Top Request _____ 2nd Choice _____ 3rd Choice

V. Availability

Please enter the semester or term for which you are applying.

Academic year: (yyyy-yyyy)

Session:

Please enter the earliest date you will be available and the last date you will be available.

Desired Start Date:

Desired End Date:

Scheduling Preferences

Hours available to work per week:

Please fill out your availability:

	Start Time	Stop Time	√ if unavailable
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

Comments Regarding your Schedule:

VI. Purpose

Please indicate if you are affiliated with a specific internship or collaborative program.

Are you seeking course credit for this trainee opportunity?

Yes*

No

*If Yes, please provide the required information below:

Course Number

Credit Hours Available for this Course

Course Supervisor Name

Supervisor Email and/or Phone

Is it your understanding that as a non-employee trainee, you will be participating in a training experience without benefit of any type of compensation from PBRC? Yes No

VII. Required Information

Email information below as scanned attachments.

- A. Transcript - Proof of university enrollment in relevant course or major is required.
- B. Resume/CV - Experience, Education, Skills, Qualifications
- C. *Documentation detailing requirements for course or internship program credit
- D. *A brief essay answering the following questions (1 page or 250 words MAX)
*C & D required for those seeking course or internship program credit.

Essay Questions: Submit separate page please

What are your career/professional goals? Where do you see yourself in 3 to 5 years? How will trainee experience within this Institution enhance your professional knowledge, skills, and abilities relative to the science industry and your career objectives?

VIII. Application Submission

I certify, to the best of my knowledge, that the information contained in this application is true and complete. I understand and agree that any false information, misrepresentation, or concealment of fact is sufficient grounds for either my refusal of eligibility for non-employee trainee status or immediate discharge.

I understand that with the submission of this application that my eligibility for non-employee trainee placement is subject to the following:

- i. Successful verification of application information
- ii. Satisfactory check of references

Please enter your (digital signature) or print, sign and scan this completed document and all required supplementary information as requested. In signing this document, you officially acknowledge the submission of this application, and confirm that the information entered into this application is true and accurate.

Applicant Digital Signature:*

Date :*