

## DSHS Internship Application (Spring 2025)

### Application Information

**Dear Applicant,**

**Thank you for your interest in the DSHS internship program! Please read the following instructions carefully and ensure that you check each box to indicate your understanding of the internship application process.**

**Best of luck,  
The DSHS Internship Team**

\* 1. Please read the following instructions carefully and ensure that you check each box to indicate your understanding of the internship application process.

- |  |  |
|--|--|
| <input type="checkbox"/> Before starting this application, please review the available internships on our website. Each internship project is unique! Internship descriptions (including location, hours per week, education level, and deliverables) can be found at this link: <a href="https://www.dshs.texas.gov/internships-at-dshs/internship-opportunities">https://www.dshs.texas.gov/internships-at-dshs/internship-opportunities</a> . | <input type="checkbox"/> If you are selected to interview for an internship you will be contacted by the host site directly. The timing of this varies, but typically occurs about 4-6 weeks after the application opens.  |
| <input type="checkbox"/> You are able to apply to a maximum of THREE internships with ONE application. When selecting these options, make sure they align with your location, education level, and interests.  | <input type="checkbox"/> You will not receive a confirmation email once you submit your application. As long as you see the page thanking you for your application, you're good to go! If you are worried that your application was not received, you can contact <a href="mailto:internships@dshs.texas.gov">internships@dshs.texas.gov</a> to confirm. |
| <input type="checkbox"/> Please ensure that your resume and cover letter are named correctly and are in PDF format.  |  |

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### Applicant Information

\* 2. Name (First & Last)

\* 3. Personal Email

4. Telephone Number

\* 5. Physical Address (where you will be **during the time of your internship**)

City, State

Zip

6. How did you learn about internships at DSHS?

- ☐ Campus/Virtual Event
- ☐ Internet Search
- ☐ Referred by Faculty, Staff and/or Classmate
- ☐ Other (please specify)

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### Academic Information

\* 7. Are you currently enrolled in a degree program at a university?

☐ Yes

☐ No

\* 8. Current Educational Institution (If Post-Grad, your most recent institution you attended)

\* 9. Is this institution located in the state of Texas?

☐ Yes

☐ No

\* 10. What degree are you currently pursuing or recently completed (such as MPH, MA, BA, BS, etc...)?

☐ Bachelor of Arts

☐ Master of Science

☐ Bachelor of Science

☐ Master of Arts

☐ Master of Public Health

☐ Doctoral Degree

11. What is your major(s) or field of study (such as public health, biology, business, etc...)?

12. Do you plan on seeking academic credit through your degree program for this internship?

☐ Yes

☐ No

13. Is an internship/practicum required for your major or program of study?

☐ Yes

☐ No, I am not seeking academic credit.

☐ It is not required but I plan to use it as elective credit.

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### Employment History

14. Are you currently employed?

- ☐ Yes
- ☐ No
- ☐ If Yes, How many hours a week do you typically work?

15. Are you currently employed at DSHS?

- ☐ Yes
- ☐ No
- ☐ If Yes, please verify that you have requested educational leave or made a work plan with your supervisor to be able to complete the internship within your 40 hour work week. Please explain your circumstances for eligibility or reach out to [internships@dshs.texas.gov](mailto:internships@dshs.texas.gov) if this applies to you.

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### Internship Availability

\* 16. Dates you are available to participate in the internship.

Beginning Date

Date

MM/DD/YYYY

Ending Date

Date

MM/DD/YYYY

\* 17. Approximate number of hours a week you are available for an internship this semester.

- ☐ Less than 10 hours per week
- ☐ 10-20 hours per week
- ☐ 20-30 hours per week
- ☐ Full time/40 hours per week

\* 18. Please select the title(s) of the internship(s) you are applying to (Select up to 3 only):

- |  |   |
|--|---|
| <input type="checkbox"/> Infectious Disease Prevention (IDP) - Compliance - Pharmacy Services (Austin)     | <input type="checkbox"/> Regional and Local Health Operations (RLHO) - Region 11 South Texas (Harlingen)                |
| <input type="checkbox"/> Program Operations, Fiscal Monitoring Unit (FMU) - Financial Analyst              | <input type="checkbox"/> Regional and Local Health Operations (RLHO) - Region 8 Maternal and Child Health (San Antonio) |
| <input type="checkbox"/> Deputy Commissioner Division - Strategic Planning Research                        | <input type="checkbox"/> Regional and Local Health Operations (RLHO) - Region 7 Worksite Wellness (Temple)              |
| <input type="checkbox"/> Regional and Local Health Operations (RLHO) - Region 4/5 Zoonosis Control (Tyler) | <input type="checkbox"/> Regional and Local Health Operations (RLHO) - Region 8 Worksite Wellness (San Antonio)         |

19. Our positions are posted on a rolling basis - would you like to be considered for a role similar to those that you chose above?

- ☐ I would like to be considered for any DSHS internship in which I am qualified.
- ☐ Only consider my application for the positions listed above.

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### References and Emergency Contacts

**References do NOT need to submit recommendation letters. Please only provide references' name and contact information and host sites will reach out to them if needed.**

20. Please list two professional references. These references should be faculty or supervisors (not family or friends).

Name	<input type="text"/>
Email	<input type="text"/>
Phone	<input type="text"/>

21. Please list two professional references. These references should be faculty or supervisors (not family or friends).

Name	<input type="text"/>
Email	<input type="text"/>
Phone	<input type="text"/>

22. Please list an emergency contact

Name	<input type="text"/>
Relationship to you	<input type="text"/>
Phone Number	<input type="text"/>
Email	<input type="text"/>

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### Application Materials

\* 23. Attach your **Resume** (In PDF Format, Labeled: **LAST NAME\_FIRST NAME\_RESUME**)

These answers have logic applied

Please label your resume to the requested format (LAST\_FIRST\_RESUME) Incorrectly labeled resumes will not be considered.

Choose File

Choose File

No file chosen

24. Attach your **Cover Letter** (In PDF Format, Labeled: **LAST NAME\_FIRST NAME\_CVL**)

These answers have logic applied

This letter should explain your interest in interning at DSHS, your experience and skills as it relates to the internships in which you are applying, and how this internship will connect to your future career goals. We strongly recommend, but do not require, attaching a cover letter. If you are applying to multiple internships and would like to submit a distinct cover letter for each site, please attach them all as one file. Make sure to address the hiring manager listed in the internship description at the top of each letter for clarity.

Choose File

Choose File

No file chosen

25. If applicable, attach your **Writing Sample** (In PDF Format, Labeled: **LAST NAME\_FIRST NAME\_WS**) These answers have logic applied

If a specific internship position requires a writing sample, please attach it here.

Choose File

Choose File

No file chosen

## DSHS Internship Application (Spring 2025)

### Internship Agreement

\* 26. By submitting this internship application, I affirm that the information I have provided is true and correct to the best of my knowledge. I agree to conform with the Department of State Health Services rules and policies. I also understand that the internship provides no promise of future employment or guarantee of a stipend or payment.

You have the right to request and be informed about the information the Department of State Health Services obtains about you. You are entitled to receive and review the information upon request. You also have the right to ask DSHS to correct information that is determined to be incorrect. (Government Code, Sections 522.021, 552.023, 559.004)

Electronically sign below by typing /s/ and then writing your full legal name.