

**UNIVERSITY OF ALABAMA AT BIRMINGHAM  
PEDIATRIC PULMONARY CENTER  
APPLICATION FOR SOCIAL WORK TRAINEESHIP**  
This application supplements the UAB "Application for Employment"

Please type or clearly print all information                      Applying for fall of \_\_\_\_\_

**1. Demographic Information**

\_\_\_\_\_

last name    first name    middle or maiden name

\_\_\_\_\_

home phone    cell phone    work or other phone

\_\_\_\_\_

email address

US Citizen:    yes    no    If no, visa status \_\_\_\_\_

**2. Education/Academic Information**

Please list all your academic work beyond high school:

INSTITUTION NAME AND LOCATION	GPA

**MSW Program:**

U of A:    Advanced Standing \_\_\_\_\_    2 year \_\_\_\_\_    Weekend \_\_\_\_\_    Other \_\_\_\_\_  
                  2<sup>nd</sup> year concentration: \_\_\_\_\_

A&M:    Advanced Standing \_\_\_\_\_    2 year \_\_\_\_\_    Weekend \_\_\_\_\_    Other \_\_\_\_\_  
                  2<sup>nd</sup> year concentration: \_\_\_\_\_

Score on:    GRE: \_\_\_\_\_    ACT: \_\_\_\_\_    Other: \_\_\_\_\_

**3. Experience** (You may also attach your resume or CV)

Please list internships, field placements, or employment not already listed on the UAB application:

NAME AND LOCATION OF EMPLOYER/AGENCY	POSITION HELD	DATES

Please list any volunteer experience:

ORGANIZATION	POSTION	DATES

**4. Other**

Please list any licenses or certifications not listed on UAB Application:

\_\_\_\_\_

Please list any professional groups or societies you belong to, i.e. NASW, Phi Alpha:

\_\_\_\_\_

\_\_\_\_\_

Please list any honors or achievements:

\_\_\_\_\_

\_\_\_\_\_

**5. References**

Please list three references to be contacted. These may be former employers, field supervisors, advisors, etc.

NAME AND POSITION	ORGANIZATION & ADDRESS	PHONE NUMBER

**6. Essay** Please describe your interest in and commitment to the field of Maternal and Child Health: (continue on the back or attach separate sheet if needed)