

GCSI STUDENT PROGRAM APPLICATION

Instructions: Please fill out the application completely and return to KMartin2@northshore.org by March 2, 2018. .

Student Applicant Information

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

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Range Available: _____

Position Applied for: **GCSI Student**

Area of research interest: (Optional) _____

Have you ever worked for NorthShore? YES NO If yes, when? _____

Education

High School: _____

_____ Did you graduate? YES NO Diploma: _____

College: _____

_____ Did you graduate? YES NO Degree: _____

Other: _____

_____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

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: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

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

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

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

Disclaimer and Signature

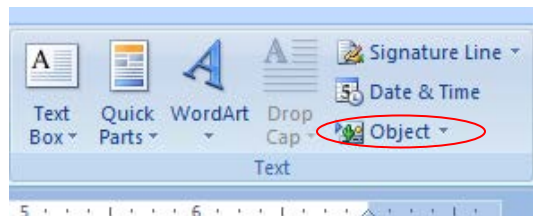
I certify that my answers are true and complete to the best of my knowledge.
If this application leads to selection, I understand that false or misleading information in my application or interview may result in my release.
I understand that this position is an unpaid position and that I must receive academic credit from an accredited University partner.
I agree to complete all necessary on-boarding requirements of this position (documents available upon request) including but not limited to:

- *CITI Training -- Human Research Studies Training*
- *EPIC (Electronic Medical Record) Training*
- *HIPAA Disclosure/Privacy Documents*
- *Immunizations*
- *Financial Conflict of Interest Release*
- *Intellectual Property Release*
- *Injury and Photo Waiver*

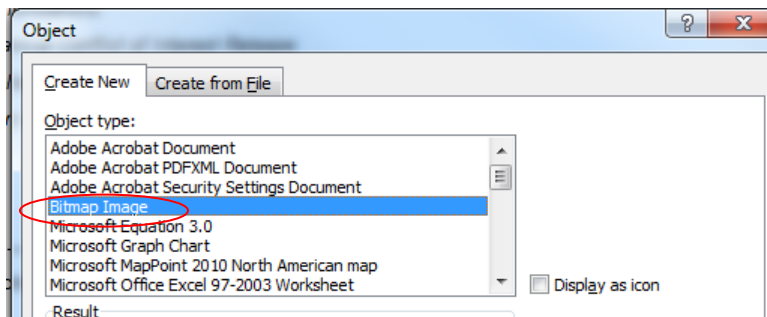
Signature: _____ Date: _____

To Sign Electronically, please select "Insert Object" in Microsoft Word and select a Bitmap Image. This will allow you to create a MS Paint version of your signature.

Step 1:



Step 2:



Additional Documentation: Please provide a current resume, cover letter and 1-2 letters of recommendation.