



LEHIGH COUNTY CORONER'S OFFICE & FORENSICS CENTER

4350 Broadway * Allentown, PA 18104
Phone: (610) 782-3426 Fax: (610) 820-8271

Eric D. Minnich, D-ABMDI
Coroner

INTERNSHIP APPLICATION

Date of Application: ___/___/___

Full Name: _____

Age: _____ Date of Birth: ___/___/___ Sex: _____ Social Security #: _____ - _____ - _____

Home Address: _____

City, State, and ZIP: _____

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Driver's License # and State: _____ (Attach copy) Medical Insurance: _____ (Attach copy)

Do you have any medical or physical conditions that would limit your ability to perform the duties of an intern? NO YES

If YES, Please explain: _____

College or University: _____

Advisor Name and Phone: _____ (____) _____ - _____

Address: _____

City, State, and ZIP: _____

Current year of study: _____ Anticipated Graduation Date: _____

Major: _____ Total Credits received for this internship: _____

Is this internship a requirement for your major? _____ Minimum Hours required by school: _____

List any additional requirements required by school or university: _____

Internship Term: _____ Term #1 (January - April) Due By: Nov. 15th _____ Term #2 (May - August) Due By: Feb 15th _____ Term #3 (September - December) Due by June 15th

How do you feel you will benefit from this internship? Complete and attach a maximum 500 word typed response.

Explain your intended career goal _____

AVAILABILITY AND REQUIREMENTS: (Minimum of 16 hours per week)

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

List dates for scheduled vacation/absences on the line below

Have you ever been convicted of a Misdemeanor or felony? Yes or No

If yes, list charge(s), date(s) and location(s); _____

Note: A conviction will not immediately disqualify an applicant

Emergency Contact and Phone Number:

Name: _____ Relationship: _____ Home: () ____ - _____ Cell: () ____ - _____

References:

Letter of Recommendation from your Undergraduate or Graduate Faculty Professor mailed directly with the completed packet.

Three (3) personal references

Name: _____ Telephone No.: _____ How Known: _____
 Address: _____ Profession: _____
 Name: _____ Telephone No.: _____ How Known: _____
 Address: _____ Profession: _____
 Name: _____ Telephone No.: _____ How Known: _____
 Address: _____ Profession: _____

*****PLEASE NOTE THE FOLLOWING IMPORTANT INFORMATION*****

Priority will be given to applicants in their Junior and Senior year of school at the time of application.

All applications must be postmarked by the due date for the appropriate term.

All Unofficial Transcripts, CV or Resume submitted without an application will not be considered.

The Office of the Coroner retains the right to terminate the Internship/Intern at any time.

 Signature of Applicant

Mail completed application packet to:
 Lehigh County Coroner's Office
 & Forensics Center
 4350 Broadway, Allentown, PA 18104

- Items Included: CV or Resume
 References
 Unofficial Transcript
 Letter or Recommendation
 Essay

All completed documents will not be returned