

Applicant Self-Evaluation Form

Name:											
Telephone:	:						Email	Addre	ss:		
University/	'College	:					Dates	Atten	ded (m	ım/yy	·):
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Sanford does not discriminate against any applicant to an internship position because of race, gender, religious preference, sexual orientation, disability, or age. Sanford Health complies with all laws pertaining to non-discrimination and equal opportunity employment.

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Signature: ______ Date: (MM/DD/YYYY) ______