VAPIHCS Internship Program

Candidate Information Sheet

**PLEASE PRINT LEGIBLY - NO BLANKS OR UNKNOWNS**

Anticipated Transition date: Resume: Yes No

Name: (Last, First)

E-Mail:

Cell #: Alt. Phone #:

Mailing Address: (Street Address)

 (City, State, Zip)

Military unit: (Company)

1st line Leader: (Rank Last Name – Phone #)

Career Interests:

1. How did you hear about VAPIHCS internship?
2. Military branch of service: Air Force – Army – Coast Guard – Marines – Navy
3. Are you: Active duty – Reserve – National Guard
4. Medical Retirement? Yes – No
5. Are you participating in any transitioning program? (i.e. WTB, TAP)
6. Plan to re-locate? When and where?

Date: Signature: