Preventative Care Health Services, INC.

Position Title: Accounting Intern
Department: PCHS/CFO
Start Date: TBD
Work Schedule: Mon-Fri (flexible shifts)

Position Description Summary:
The internship role provides students with the opportunity to apply academic knowledge and skills in a professional environment, and to promote the graduate’s career goals through contact with professionals in their field of study. The internship experience enables students to participate in professional activities for PCHS by working with the Staff Accountant, the CFO, and Administrative Staff.

Professional Objectives:
During the internship, the student will be trained to assist the accounting department and other departments as assigned. One objective is that the intern will be able to assist the accounting staff in various tasks such as data entry, A/P, filing, purchasing, prepare reports, develop and maintain accounting files.

Skill Set Requirements and Minimum Education Requirements:
Applicants must be pursuing a Business Accounting or Finance undergraduate degree at Sul Ross State University, eventually leading to a business career; be in their sophomore year or later with a GPA of 2.5 or higher prior to the start of the internship.

Applicants should also have a working knowledge of business and professional environments.

Duration:
Each internship position will last one semester. The opportunity exists to be re-hired for additional semesters.

Benefits Eligible:
This position is not eligible for benefits.

Schedule:
Student interns are expected to work 15-20 variable hours/week, Monday-Friday. Work hours will be tailored to accommodate individual academic requirements.

Salary Information: depending on classification.

Application Process: Interested students should send a current resume, cover letter and letter of recommendation to: Stacy Ruckman at cfo1@pchsmedclinic.org
Preventative Care Health Services, Inc.
1605 N. Ft. Davis Hwy, Ste. B Alpine, TX 79830
Ph. 432-837-4812
Fax: 432-837-4823
General Staff Application

Date: __________________

Position applying for: ____________________________

APPLICANT NAME: ____________________________________________
[Last] [First] [Middle] [Maiden]

P.O. Box: ______________________
[City] [State] [Zip]

Telephone No.: ________________________ Cell Phone: ________________________

RESIDENCE ADDRESS: ____________________________________________
[Street] [City] [State] [Zip]

SOCIAL SECURITY NUMBER: _____/_____/______ DOB: __________
(To be used for identification purposes only)

Please provide a Photo ID with the application

EDUCATION
UNDERGRADUATE / TECHNICAL EDUCATION

____________________________________
School/College or University Address

____________________________________
[City] [State] [Zip]

Dates of Enrollment: ______/_____/______ to ______/_____/______ Degree: ________________________________

Date of Graduation: ______/_____/______
**Employment/Privileges History**

Please list (most recent first) all companies/organizations where you have practiced, had staff privileges or been employed. Also, please explain any periods of time not accounted for since graduation from professional educational program. Use additional page(s) if necessary. **All time periods must be accounted for, including periods of unemployment and vacations between employments.**

1. **Company Name:**
   Contact: ___________________________ Telephone #: (___) ____________
   
   [Address] [City] [County] [State] [Zip]
   
   Position/Title/Status: ___________________________ Dates: ___/___/___ to ___/___/___
   Reason for Leaving: ___________________________

2. **Company Name:**
   Contact: ___________________________ Telephone #: (___) ____________
   
   [Address] [City] [County] [State] [Zip]
   
   Position/Title/Status: ___________________________ Dates: ___/___/___ to ___/___/___
   Reason for Leaving: ___________________________

3. **Company Name:**
   Contact: ___________________________ Telephone #: (___) ____________
   
   [Address] [City] [County] [State] [Zip]
   
   Position/Title/Status: ___________________________ Dates: ___/___/___ to ___/___/___
   Reason for Leaving: ___________________________

4. **Company Name:**
   Contact: ___________________________ Telephone #: (___) ____________
   
   [Address] [City] [County] [State] [Zip]
   
   Position/Title/Status: ___________________________ Dates: ___/___/___ to ___/___/___
   Reason for Leaving: ___________________________
Professional References

Please list the names, full mailing addresses, and telephone numbers of three professional references.

Professional References (persons not related to you and with first-hand knowledge of your professional work).

1. Name: __________________________ Title: __________________________
   Employer: __________________________
   [Address] [City] [State] [Zip]
   Telephone #: (_____) ____________

2. Name: __________________________ Title: __________________________
   Employer: __________________________
   [Address] [City] [State] [Zip]
   Telephone #: (_____) ____________

3. Name: __________________________ Title: __________________________
   Employer: __________________________
   [Address] [City] [State] [Zip]
   Telephone #: (_____) ____________

I have reviewed and hereby submit my application. With my signature, I attest that with this information my application is complete and correct to the best of my knowledge and belief.

By: __________________________
[Applicant’s Signature] [Date]
APPLICANT/EMPLOYEE AUTHORIZATION

Print Name: ________________________________

First  Middle  Last

Maiden Name: ________________________________ Other last names used: ________________________________

Signature: __________________________________ Date: ________________________________

List all cities and states where you have lived for the past 7 years – Attach additional sheet if necessary

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Present Phone Number: ____________ Social Security Number: ____________ - ____________ - ____________

Date of Birth* (for identification purpose only): __________________________________________

Sex*: Male ______ Female ________ Driver’s License Number: ________________________________

State: __________

*This information will be used for background screening purposes only and will not be used as hiring criteria.