



**2017 HIGH SCHOOL PROGRAM APPLICATION FORM**

PROGRAM REQUIREMENTS VERIFICATION		NO	YES
Will you be under the age of 16 after May 31, 2017?			
Will you be over the age of 19 years old before August 11, 2017?			
Will you be attending summer school during the summer 2017?			
Will you be going on vacation on any day(s) between Monday and Friday this summer?			
Do you have a parent or legal guardian working for Kaiser Permanente?			
If you answered YES to any of the questions above, please explain in the space below.			
EMPLOYMENT DETAILS		NO	YES
If hired, you will be required to furnish proof that you are legally authorized to work for Kaiser Permanente in the United States. Please visit the following website to review acceptable employment eligibility document: <a href="https://www.uscis.gov/i-9">https://www.uscis.gov/i-9</a> . Can you furnish such proof?			
Employees are required to undergo and pass an employment background check if the employee is 18 years old or older by the start of the program. Will you be 18 years old or older on or after March 31, 2017?			
If selected to participate in the program, KP LAUNCH interns are required to work full-time, Monday through Friday, for an eight-hour work shift between June 12, 2017 and August 11, 2017. Are you able to fulfill this work requirement?			
If you answered NO to any of the questions above, please explain in the space below.			
PERSONAL INFORMATION			
LAST NAME	FIRST NAME	MIDDLE INITIAL	
STREET ADDRESS		PHONE NUMBER	
CITY		ZIP CODE	
EMAIL ADDRESS			



**BACKGROUND**

**Have you been exposed to careers in health care?**  Yes  No  
If yes, how?

What are your parents'/legal guardians' educational background? Place an "X" or checkbox besides the most applicable response.	Mother or Parent/Guardian 1	Father or Parent/Guardian 2
Did not complete high school		
Graduated from high school or attained G.E.D.		
Completed some college		
Associate's Degree or Training/Certificate Program		
Bachelor's Degree		
MASTER'S, Graduate or Professional Degree (MBA, MS, MD, PhD, etc.)		
Unknown		

**What is the best estimate of your family's household income?** (before taxes from all sources)  
 \$20,000 - \$35,000   
 \$35,000 - \$50,000   
 \$50,000 - \$65,000   
 \$65,000 - \$80,000  
 \$80,000 - \$95,000   
 \$95,000 & higher

**How many people live within your household?**  
 1-2                     
 3-4                     
 5-7                     
 8 OR MORE

**INTERNSHIP INFORMATION**

Some internship departments are seeking interns who have different levels of experience with different computer software. Previous experience with these activities is not a requirement to participate in the program.

Please indicate with an 'X' if you have completed the following types of projects in the past:	NO	YES
Created a Powerpoint or other computer-based presentation		
Completed a verbal presentation in front of 5 or more people		
Entered data into an Excel spreadsheet or other database software		
Calculated data while using Excel or other database software		
Used Microsoft Access to enter or retrieve information		

**Rank the following healthcare careers that interest you the most, labeling 1 as most preferred, and 4 as least preferred.** If you are unsure, you may leave this section blank.

_____ Administration & Support Services _____ Information Technology	_____ Human Resources _____ Clinical Positions
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**In preference order, list three careers that interest you the most:**  
If you are unsure or undecided, you may leave this section blank.

- 1.
- 2.
- 3.



**APPLICANT STATEMENT**

**To the Applicant:**

Kaiser Foundation Health Plan, Inc., Kaiser Foundation Hospitals (KFHP/H), KFHP/H's subsidiaries, Southern California Permanente Medical Group, and the Permanente Medical Group, Inc. ("Kaiser Permanente") are equal opportunity and affirmative action employers. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, sexual orientation, protected veteran status, or disability status. Qualified applicants with arrest and/or conviction records will be considered for employment in a manner consistent with federal, state and local laws, including but not limited to the San Francisco Fair Chance Ordinance.

Kaiser Permanente provides applicants who have disabilities with reasonable accommodations to assist in the interview/hiring process. Applicants requiring accommodations should contact the human resources office. Kaiser Permanente is a smoke-free workplace. This document must be completed in its entirety before an offer of employment can be authorized.

**I understand that the Kaiser Permanente LAUNCH INTERNSHIP Program guidelines for eligibility require that I must be a high school student or a recent high school graduate. If I am under the age of 18, I must obtain a work permit and the consent of a parent or guardian. I am not eligible for this program if I have a parent or legal guardian employed by Kaiser Permanente.**

This application is submitted with the understanding that all job offers are conditional and will not be confirmed until satisfactory completion of a pre-employment health screening and urinalysis drug test. I hereby consent to such required screening and drug testing.

I hereby authorize Kaiser Permanente to solicit all information relevant to this application. This authorization includes but is not limited to, my academic background, my references, and my employment history. If I am over 18, I also understand that I will be required to complete the Kaiser Permanente job application in addition to this application and that Kaiser Permanente will perform a criminal background check. I authorize and request all persons, schools, employers governmental, law enforcement and other agencies to release such requested information to Kaiser Permanente.

I also understand that all job offers are contingent upon receipt of satisfactory verification of all of the above information including verification of my ability to perform the essential functions of the position that I have applied for.

I certify that the answers I have provided above are true, correct and complete and that I have not knowingly withheld any facts. I understand any falsification, misrepresentation or omission of facts are sufficient reasons for disqualification from further consideration for employment or dismissal at any time during employment should I become employed at Kaiser Permanente.

I also understand that if I am employed by Kaiser Permanente, my employment can be terminated at any time with or without cause and with or without notice.

I understand that a copy of this document is available to me if I so desire.

**APPLICANT'S SIGNATURE:**

**DATE:**