



Gibson Area Hospital  
& Health Services

**Nurse Intern Program  
Questionnaire**

Please Complete All Sections (write legibly)		Date of Application:	
First Name:	M.I:	Last Name:	
Address:	Phone Number:		
	Email:		
Birth Date:	Gender:	Male	Female
Hometown at time of high school graduation (City/State):	Are you fluent in any other Languages?		
Name/Location of College:	<u>Ethnicity (please circle):</u>		
Year in College:	Caucasian	Hispanic/Latino	
GPA:	Black/African-American	Asian	
	Native American/Alaska	Multi-ethnic	
	Other _____		
<b><u>Veteran Status (Circle One)</u></b>	<b><u>Can you answer "Yes" to any of the following:</u></b>		
Active Duty Military	<b>YES or NO</b>		
Reservist	<ul style="list-style-type: none"><li>You are (or will be) the first generation in your family to attend college.</li></ul>		
Veteran (Prior Service)	<ul style="list-style-type: none"><li>You have or currently do receive Scholarships or Loans for Disadvantage Students.</li></ul>		
Veteran (Retired)	<ul style="list-style-type: none"><li>While growing up, you or your family used federal or state assistance programs (Such as: free or reduced school lunch, subsidized housing, food stamps, Medicaid etc.)</li></ul>		
None of the above	<ul style="list-style-type: none"><li>While growing up, you lived where there were few medical providers at a convenient distance</li></ul>		
Are you a Certified Nursing Assistant (CNA)?	YES	NO	
Have you completed and passed nursing fundamentals?	YES	NO	
Do you intend to work with people who are medically underserved? YES NO UNSURE			
Do you intend to work in rural areas? YES NO UNSURE			

**On a separate paper, please type answers to the questions below:**

1. Why are you interested in working as a student nurse intern?
2. If you could choose an area of nursing for this intern program, what would it be?
3. Explain specific training, experiences and characteristics that you possess that will help you succeed as an intern.
4. What areas do you feel you need improvement in?
5. What can you tell us about your responsibilities and performance in your current or past jobs?
6. What supervision style best suits your work performance style?
7. What are your plans for after graduation? Where would you like to live and begin your career?

**Submit completed questionnaire to:**  
Gibson Area Hospital & Health Services  
Attention: Eileen Woolums, RN, BSN, CDE  
126 E 9<sup>th</sup> St  
Gibson City, IL 60936  
[Eileen\\_Woolums@gibsonhospital.org](mailto:Eileen_Woolums@gibsonhospital.org)

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**To Be Completed by Interviewer:**

**Evaluation:** Excellent Very Good Good Fair Poor      **Approximate Start Date:** \_\_\_\_\_

Communication Skills: \_\_\_\_\_

Non-verbals: \_\_\_\_\_

Overall Impression: \_\_\_\_\_

Recommendation to Hire? (Y/N) \_\_\_\_\_

Area/unit interested in hiring: \_\_\_\_\_

Comments: \_\_\_\_\_

Interviewer: \_\_\_\_\_ Date: \_\_\_\_\_

Created: 04/08  
Revised: 12/18