



Applicant Self-Evaluation Form

Name: _____

Telephone: _____

Email Address: _____

University/College: _____

Dates Attended (mm/yy): _____

Best time to contact:

M

T

W

Th

F

AM

PM

Directions: Using the number scale of 1 to 10 with 10 being highest, please rate yourself accordingly. In the text box, give a brief explanation of your rating. Please print, sign, and include the completed form with your total application packet. Return to Jessie Park at Sanford Arts | 1305 W 18th Street. Route #6881 | Sioux Falls, SD | 57104 or send a signed, scanned copy to

Jessie.Park@SanfordHealth.org

Please rate your ability to work on a team including collaborating closely on projects.

Lowest

1

2

3

4

5

6

7

8

9

10

Highest

Notes:

Please rate your receptivity to constructive criticism.

Lowest

1

2

3

4

5

6

7

8

9

10

Highest

Notes:

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.

Please rate your maturity in the work place or academic environment.

Lowest											Highest
	1	2	3	4	5	6	7	8	9	10	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Notes:

Please rate your academic abilities; assessment and critique of current literature.

Lowest											Highest
	1	2	3	4	5	6	7	8	9	10	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Notes:

Please rate your leadership abilities and qualities.

Lowest											Highest
	1	2	3	4	5	6	7	8	9	10	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Notes:

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<i>Please rate your compassion and willingness to serve others.</i>										
Lowest										Highest
	1	2	3	4	5	6	7	8	9	10
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notes:										

Please use the remaining space to include any final thoughts or comments and then sign.

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

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