

Applicant Name: _____

Work History Form
Master of Public Health Program Application
Armstrong Atlantic State University

Public Health Work Experience

Please describe below your professional work experience (paid and volunteer) in Public Health. Include only those positions that are in public health, such as community education, epidemiology, environmental health, etc. (Attach additional pages if necessary.)

Position: _____ Organization Name: _____

Length of Employment: _____ years _____ months Volunteer: Paid:

Major Duties: _____

Position: _____ Organization Name: _____

Length of Employment: _____ years _____ months Volunteer: Paid:

Major Duties: _____

Position: _____ Organization Name: _____

Length of Employment: _____ years _____ months Volunteer: Paid:

Major Duties: _____

Health-Related Work Experience

If you have professional experience (paid or volunteer) in areas related to public health, such as health care provision, administration, or other allied health services, describe them below. (Attach additional pages if necessary.)

Position: _____ Organization Name: _____

Length of Employment: _____ years _____ months Volunteer: Paid:

Major Duties: _____

Position: _____ Organization Name: _____

Length of Employment: _____ years _____ months Volunteer: Paid:

Major Duties: _____

Position: _____ Organization Name: _____

Length of Employment: _____ years _____ months Volunteer: Paid:

Major Duties: _____