

San Diego WIC Dietetic Internship
Supplement to Internship Application
Completed by WIC Agency Employer of Applicant

APPLICANT NAME: _____

I give permission to my WIC employer (named below) to release the information on this form to the San Diego WIC Dietetic Internship Coordinator.

APPLICANT SIGNATURE: _____ DATE: _____

WIC AGENCY EMPLOYER: _____

APPLICANT POSITION: _____

DATES OF EMPLOYMENT: START DATE: _____ END DATE: _____

Full time Part-time

Will you be employing this person during the internship? Yes No

Do you plan on employing this person as an RD upon completion of an internship?

Yes No

If you answered "NO" please explain:

Does the applicant have any pending or past disciplinary action in regard to work performance?

Yes No

If you answered "Yes" please explain:

By signing this document I agree that the above named applicant is currently an employee in good standing.

Signature of applicant's supervisor

Date

Signature of WIC Agency Director

Date