

Personal Information

Last		First		Middle	SSN# (optional)	Email	
Street Address			City	State	Zip	Phone #1	Phone #2
Will you be receiving class credit? <input type="checkbox"/> Yes <input type="checkbox"/> No				Are you 18 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Birth (optional)	
Have you been convicted of a felony or been incarcerated in connection with a felony in the past seven years? <input type="checkbox"/> Yes <input type="checkbox"/> No				If yes, please explain:			
Home internship? <input type="checkbox"/> Yes <input type="checkbox"/> No				Schedule Availability		Office Internship? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Which internship program(s) do you wish to be considered for (15, 26 or 52 weeks)?				Which departments (Writing, Graphics, Marketing/Social Media, Advertising, Administration)?			
Weekly Hours Available for Interning?		Earliest Date Available to Start		Have you completed any internships prior? Please explain.			

Prior Work Experience & Internships

	Current or Most Recent	Prior	Prior
Employer			
Address			
City, State, Zip			
Telephone			
Name of Immediate Supervisor			
Dates of Employment	From To	From To	From To
Position/Job Title			
Pay			
Reason for Leaving			
Did you leave on good terms?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Education

	Name/Location	Last Year Complete	Degree	Major or Emphasis
High School				
College/University				
Trade School				
Other				
List any applicable special skills, training or languages?				

Personal References

	Reference 1	Reference 2	Reference 3
Name			
Address			
City, State, Zip			
Telephone			

I hereby certify that the above information, to the best of my knowledge, is correct. I understand that falsification of this information may prevent me from being accepted into the program or lead to my dismissal. I also provide consent for former employers to be contacted regarding work records.	Signature	Date
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