



INTERNSHIP APPLICATION

NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____ TELEPHONE: _____

COLLEGE/UNIVERSITY: _____ MAJOR: _____

DEPARTMENT DESIRED: News____ Sales____ Creative Services____ Operations____

DATES AVAILABLE: FROM: _____ TO: _____ HR.S PER DAY: _____

WEEKDAYS NOT AVAILABLE: _____

GIVE A BRIEF STATEMENT OF YOUR CAREER OBJECTIVE: _____

FACULTY ADVISOR: _____ TELEPHONE: _____

SPECIAL REQUIREMENTS: _____

I understand that this Internship Application and any other Company documents are not contracts of employment, and that any individual who is under the Internship Program may voluntarily leave, and Allen Media Broadcasting's, may terminate the Internship at any time for any reason. I understand that any oral or written statements to the contrary are hereby expressly disavowed and should not be relied upon by any prospective or existing Intern. **It is also understood that there will be formal verification of enrollment from my current institution of higher learning.**

I certify that the statements I have made are true, and I authorize the licensee to investigate the accuracy and completeness of the information provided.

APPLICANT

FACULTY ADVISOR

FOR STATION USE:

INTERVIEWED BY: _____ DATE: _____

ACCEPTED: YES/NO REPORTING DATE: _____

DEPT. HEAD