WXOW/WQOW – INTERNSHIP APPLICATION

INSTRUCTIONS TO APPLICANT: Please answer all questions and sign. You must fully and accurately complete this employment application. Incomplete applications will not be considered.

When completing, do not identify race, color, gender, age, national origin, religion or provide any extraneous information.

The company will consider all applicants without discrimination on any basis prohibited by law and is an equal employment opportunity employer.

1. ## PERSONAL INFORMATION

Name: _____
       Last   First   Middle Initial

Address: _____
                                     City   State   Zip

Phone: _____Email: _____

Please provide your home address if different from above:

Address: _____
                                     City   State   Zip

2. ## EDUCATION and PREFERENCES

What is your preferred semester for an internship? (Fall, Winter, Spring, Summer; and year)

First Choice _____

Second Choice _____

Tell us about your college education to date:

College or University _____

School City _____

School State and Zip _____

Major _____

College or University grade level _____

Tell us about your College or University Advisor:

Name _____

Email Address _____

Phone Number _____

Internship Preferences and References:

Have you participated in an internship before? _____

EMAIL THIS APPLICATION TO: careers@wxow.com

Feb. 2023

Indicate up to three (3) departments of interest with #1 being your first choice, etc…

News/Multimedia Journalist _____

Interactive/Social Media _____

Marketing/Creative Services _____

Sports _____

Engineering Services _____

Weather _____

Schedule Availability – which days of the week and hours of the day are you available to participate in the program?

_____

If you wish to earn college credit for this Internship program, how many hours does your school require you to work to receive credit? Examples: 8 hours a week or 100 hours a semester. You may also answer "don't know" or if you intend to intern without earning college credit, "not applicable." _____

3. **REFERENCES**

Identify three persons not related to you, with contact information. At least one reference should be an instructor or advisor.

_____
Name   Email Address/Phone   Occupation

_____
Name   Email Address/Phone   Occupation

_____
Name   Email Address/Phone   Occupation

Do you have a website where we can see your work to date? _____

4. **GENERAL INFORMATION**

What do you expect to gain from this Internship Program? _____

_____

_____

What are your career goals? _____

_____

Do any of your family members work in the broadcast or newspaper industries? _____

Certain Internship positions require that you pass a driver's license screening. Are you aware of any violations on your driving record that may disqualify you from the program? _____

How did you hear about this Internship program? _____

EMAIL THIS APPLICATION TO: careers@wxow.com

<u>READ AND INITIAL EACH LINE ITEM BEFORE SIGNING</u>

I certify that the information on this application is complete, true, and correct to the best of my knowledge. I understand that omission or misrepresentation of facts may be grounds for rejection of this application or for dismissal from employment as subsequently discovered. _____

I authorize Company to verify the accuracy of the information contained herein and to obtain reference information. I hereby release Company and its agents and representatives from any/all liability and damages of whatever kind and nature which at any time, could result from requesting, obtaining and/or having an employment decision based on such information. _____

I understand that I must be fully vaccinated against Covid-19 (subject to any medical or religious accommodations or other applicable law). _____

I understand that any offer of employment is contingent upon successfully passing a background screening _____

I understand that if the position that I am applying for requires driving company vehicles or driving my personal vehicle for business purposes, then a valid driver's license and a clean driving record must be obtained. _____

Signature: _____   Date: _____

EMAIL THIS APPLICATION TO: careers@wxow.com