Stephen C. O’Connell Center
Internship Application

Date:______________

Which semester are you applying for? (Indicate semester and year)
Fall 20 ____  Spring 20 ____  Summer 20____

Which internship position are you most interested in? (please see website for detailed descriptions)
(Please rank your order of preference with 1 being the most desired position and 5 being the least desired. If you do not wish to be considered for a specific position, please put 0)

___ Facility # 1 - Special Events Emphasis
___ Facility # 2 - Athletic Events Emphasis
___ Marketing - Marketing/general business/financial office support
___ Employee Relations - Employee relations with marketing and special events support
___ Audience Development - Marketing/Box Office Operations

Will you be available to work ___ full-time or ___ part-time?

The number of hours you can work per week: ___ Less than 20  ___ 20-30  ___ 30 and over

Name:__________________________________________________ UFID(if applicable)______________________________
Address:__________________________________________City_____________________State____Zip__________________
Primary Phone #:______________________Email Address:__________________________________________________

Major and Emphasis:_______________________________Minor:___________________________________________

GPA:__________Are you seeking an internship to obtain college credit?________________________________

What is your anticipated graduation date?_____________________________________________________________

Please list your skills and qualifications that would be applicable to this internship. Include specific software experience.
_____________________________________________________________________________________________________________
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What organizations, activities, or jobs do you participate in?
_____________________________________________________________________________________________________________
_____________________________________________________________________________________________________________
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EMPLOYMENT HISTORY

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<th>Employer</th>
<th>Dates of Employment</th>
<th>Position</th>
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REFERENCES

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<th>Name</th>
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How did you find out about our internship program? ________________________________

Please attach on a separate sheet of paper:

What do you hope to gain from your intern experience?

By signing below you certify that all information in this application is true. You acknowledge that, should you be chosen, a background check will be completed for security purposes. Also by signing below, you give the Internship Coordinator permission to contact your listed references.

Signature_________________________________________            Date _________________