

# 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.

---

---

---

---

---

---

What organizations, activities, or jobs do you participate in?

---

---

---

**EMPLOYMENT HISTORY**

Employer	Dates of Employment	Position	Contact/Phone#
----------	---------------------	----------	----------------

---

---

---

---

**REFERENCES**

Name	Relation to Applicant	Phone #
------	-----------------------	---------

---

---

---

---

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 \_\_\_\_\_