

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 #1** - Marketing/general business/financial office support

___ **Marketing #2** - Marketing/Box Office Operations

___ **Employee Relations** - Employee relations with marketing and special events support

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#
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REFERENCES

Name	Relation to Applicant	Phone #
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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 _____