Stephen C. O’Connell Center

Internship Application

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Which semester are you applying for? (Indicate semester and year)

\_\_\_\_ Summer 2020 \_\_\_\_ Fall 2020

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 4 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

\_\_\_\_**Business** - Marketing/general business/financial office support/Box Office Operations

\_\_\_\_**Employee Relations** – Recruitment/Hiring/Employee Engagement

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**

Employer Dates of Employment PositionContact/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 your responses to the following questions:**

1. What do you hope to gain from your internship experience?
2. On page one of this application, you ranked your preferences for each internship position. Please explain why you ranked them as such.

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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_