Stephen C. O’Connell Center

Internship Application

Date: Click or tap to enter a date.

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

[ ]  Summer [ ]  Fall [ ]  Spring

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)

Click **Facility # 1** - Special Events Emphasis (Position available only Spring and Fall)

Click **Facility # 2** - Athletic Events Emphasis (Position available for Summer, Fall, and Spring)

Click **Marketing** – Marketing / Box Office Operations / General office support (Available in Summer, Fall, and Spring)

Click. **Employee Relations** – Recruitment/Hiring/Employee Engagement (Available in Summer, Fall, and Spring)

Please indicate all semesters you are applying for? [ ]  Summer [ ]  Fall [ ]  Spring

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

 (Full time candidates are preferred)

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

 NOTE: Night and weekend work will be required

Name: Enter name here. UFID(if applicable): Enter UFID here

Address: Enter address here City: Enter city here

State: Enter state here Zip: Enter ZIP Code here

Primary Phone #: Enter phone # here Email Address: Enter email here

Major and Emphasis: Enter major here Minor: Enter minor here GPA: Enter GPA here

Are you seeking an internship to obtain college credit? [ ]  Yes [ ]  No

What is your anticipated graduation date? Enter semester and year

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 PositionContact/Phone#

Enter name Enter start and end date Enter role Enter contact info

Enter name Enter start and end date Enter role Enter contact info

Enter name Enter start and end date Enter role Enter contact info

**REFERENCES**

Name Relation to Applicant Phone #

Enter name Enter relation Enter phone #

Enter name Enter relation Enter phone #

Enter name Enter relation Enter phone #

How did you find out about our internship program? Click or tap here to enter text.

**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: First and last name Date: Today’s date