



INTERNSHIP APPLICATION

Please complete all sections of this application. Applications with incomplete information may be excluded from consideration. Applications will be kept on file for 90 days for the position(s) for which you have applied.

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Last Name	First name	Home Phone Number
Address Street		If necessary, the best time to call you at home is:
City, State and Zip Code		Mobile/Other Phone Number
E-mail Address		Date available for work
How did you hear about this internship opportunity? (please provide specific information, if necessary)		Season/Year Applying for: <input type="checkbox"/> Spring of _____ <input type="checkbox"/> Summer of _____ <input type="checkbox"/> Fall of _____ <input type="checkbox"/> Winter of _____
<input type="checkbox"/> Employee _____ <input type="checkbox"/> Advertisement _____ <input type="checkbox"/> Company Website _____ <input type="checkbox"/> School _____ <input type="checkbox"/> Job Fair _____ <input type="checkbox"/> Staffing Agency _____ <input type="checkbox"/> Government Employment Agency _____ <input type="checkbox"/> Other _____		University or College Name: _____ Major: _____ Minor: _____ Classification (select one): <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior GPA: _____

Please specify which days you are available to work:

- Sunday
 Monday
 Tuesday
 Wednesday
 Thursday
 Friday
 Saturday

Please select one division for your internship. Rank numerically the top three departments that interest you within the division.

- | | | |
|------------------------------|------------------------------|------------------------------|
| Radio: | Publishing: | Corporate: |
| Digital _____ | Art _____ | Human Resources _____ |
| News _____ | Editorial _____ | Other (please specify) _____ |
| Production _____ | General/Administrative _____ | |
| Programming _____ | Production _____ | |
| Promotions _____ | Special Sections _____ | |
| Sales/Marketing _____ | Other (please specify) _____ | |
| Community Outreach _____ | | |
| Other (please specify) _____ | | |

What previous experience have you had related to this industry?

What distinguishes you from other candidates?

What are your greatest strengths?

What are your greatest weaknesses?

What are you doing to improve on your weaknesses?

How might Emmis Communications benefit from having you as an intern?

If applying for a Radio or Publishing internship, what is your station/publication preference?

PLEASE READ AND SIGN BELOW

I certify that all information I have provided in order to apply for and secure an internship with Emmis Communications is true, complete and correct. I understand that if I obtain an internship with Emmis Communications, any false statement made by me on this application and any attached documents will be cause for termination, or will result in my immediate discharge from the employer's service, whenever it is discovered.

I understand that this application is not, and is not intended to be, a contract of employment, nor does it obligate Emmis Communications in any way.

I understand that Emmis Communications does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 90 days. At the conclusion of that time, if I have not heard from Emmis Communications and still wish to be considered for an internship, it will be necessary for me to reapply and fill out a new application.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing statement.

Signature of Applicant _____ Date _____