



# APPLICATION FOR INTERNSHIP

Name		Social Security #
Current Address		Current Telephone # (     )
City	State	Zip

Permanent Address		Permanent Telephone # (     )
City	State	Zip

In Case of Emergency Contact	
Relationship	Telephone # (     )

YEAR

## INTERNSHIP OPPORTUNITIES

- |   |                                      |  |
|---|--------------------------------------|--|
| <input type="checkbox"/> Spring (Jan.-Apr.) | <input type="checkbox"/> Production  | <input type="checkbox"/> News                    |
| <input type="checkbox"/> Summer (May-Aug.)  | <input type="checkbox"/> Programming | <input type="checkbox"/> Sales/Marketing         |
| <input type="checkbox"/> Fall (Sept.-Dec.)  | <input type="checkbox"/> Promotion   | <input type="checkbox"/> Traffic/Office-Clerical |

College/University	Grade Point Average
Name of Internship Counselor	Counselor Telephone # (     )

Long Term Career Interests:

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Internship Credit Value	Minimum Internship Hours Needed	Approximate Starting Date
Number of Hours Interested in Working	Minimum Hours Available	Approximate Ending Date

Please estimate below the days and number of hours per week you will be available:

DAY	START TIME	END TIME	TOTAL HOURS
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
			<b>Total Hours</b>

### ACKNOWLEDGMENT

I certify that the information contained in this Intern Application is correct to the best of my knowledge. I also understand that, if accepted as an intern, that the internship is unpaid and that I must provide appropriate paperwork reflecting the amount of school credit earned for this internship and list my school counselor. I am also subject to the rules and regulations of the Lockwood Broadcast Group. I further understand that the Company's insurance prohibits my driving and/or riding in any of the Company vehicles. I understand that Interns are not expected to perform tasks normally assigned to a paid KTEN-TV employee. I recognize that this is an opportunity to learn by using company equipment when available and observe and train with experienced broadcast professionals. I further understand that on or before reporting for internship, that I must provide a letter of internship acceptance from my college professor and/or counselor.

Applicant Signature	Date
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**Please return all completed Internship Applications and required paperwork to Human Resources.**

### STATION USE ONLY

KTEN-TV – Denison, TX

ADDITIONAL NOTES/COMMENTS:

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Name of Station Supervisor/Mentor