



# INTERNSHIP APPLICATION

WJBK/FOX TELEVISION STATIONS, INC. 16550 W. NINE MILE ROAD/P.O. BOX 2000, SOUTHFIELD, MI 48037-2000

[www.myfoxdetroit.com](http://www.myfoxdetroit.com)

All qualified applicants (students) will be given equal consideration regardless of race, color, age, gender, sexual orientation, religion, disability or ethnic background.

Please print or type. . Please complete ALL sections.

NAME \_\_\_\_\_

PRESENT ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

PERMANENT ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

**INDICATE THE SEMESTER YOU WOULD LIKE TO BE CONSIDERED FOR AN INTERNSHIP:**

( ) FALL /YR: ( ) WINTER /YR: ( ) SPRING-SUMMER /YR:

**REFERRED BY:** (Check all that apply)

- ( ) SCHOOL
- ( ) ON MY OWN
- ( ) PUBLICATION: \_\_\_\_\_
- ( ) EMPLOYEE: \_\_\_\_\_
- ( ) JOB FAIR: \_\_\_\_\_
- ( ) OTHER: \_\_\_\_\_

**University/College Classification:**

Junior: ( ) Senior: ( ) Graduate Student: ( )

**EDUCATION:**

UNIVERSITY/COLLEGE:	ADDRESS:	MAJOR/MINOR:

**NAME OF ADVISOR AND UNIVERSITY/COLLEGE INTERNSHIP INFORMATION:**

ADVISOR'S NAME: \_\_\_\_\_ Email address, if known: \_\_\_\_\_

SCHOOL ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ BUSINESS HRS: \_\_\_\_\_

COURSE NAME: \_\_\_\_\_

HOW MANY CREDIT(S) WILL YOU RECEIVE FOR THE INTERNSHIP ? \_\_\_\_\_

HOW MANY INTERNSHIP HOURS ARE REQUIRED TO RECEIVE THE CREDIT(S) ? \_\_\_\_\_

**HAVE YOU HAD AN INTERNSHIP BEFORE? YES( ) NO( )**

IF SO, WHERE: \_\_\_\_\_

HOW LONG? \_\_\_\_\_

WHAT WERE YOUR PRINCIPAL DUTIES AS AN INTERN? \_\_\_\_\_

**DEPARTMENT(s) OF INTEREST**

Please indicate three(3) Departments of interest with one (1) being your first choice, etc...

**NEWS:** ( ) **Health:** ( ) **Problem Solvers:** ( ) **Sports:** ( ) **Weather:** ( ) **Web Team:** ( )

**COMMUNITY SERVICE:** ( )

**CREATIVE SERVICES:** ( )

**SALES/MARKETING/RESEARCH:** ( )

**SCHEDULE AVAILABILITY**

<u>DAY</u>	<u>HOURS</u>	<u>DAY</u>	<u>HOURS</u>	<u>DAY</u>	<u>HOURS</u>
MON.	_____	THURS.	_____	SAT.	_____
TUES.	_____	FRI.	_____	SUN.	_____
WED.	_____				

**LIST THREE REFERENCES INCLUDING AN INSTRUCTOR OR COUNSELOR**

**(OTHER THAN RELATIVES):**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

**QUESTIONS:**

WHAT DO YOU EXPECT TO GAIN FROM THE INTERNSHIP PROGRAM ?

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

WHAT ARE YOUR CAREER GOALS ?

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

**FOR OFFICE USE ONLY**

**Interviewed by:** \_\_\_\_\_

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

**Interviewed by:** \_\_\_\_\_

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

**Student needs to confirm internship by:** \_\_\_\_\_

**Assignment: (Dept)** \_\_\_\_\_

**(Dept Supervisor/Coordinator)** \_\_\_\_\_