



# INTERNSHIP APPLICATION

**\*Academic Credit\***

Please return this application along with your resume to:

FOX 35 Orlando

Attention: Human Resources

**wofl-hr@foxtv.com**

*We are an equal opportunity employer and all qualified applicants (students) will be given equal consideration regardless of race, color, religion, sex, national origin, gender identity, disability, protected veteran status, or any other characteristic protected by law.*

Please print or type.

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

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

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

INDICATE THE SEMESTER(S) YOU WOULD LIKE TO BE CONSIDERED FOR AN INTERNSHIP

(    ) SPRING 22\_\_\_\_ (    ) SUMMER 22\_\_\_\_ (    ) WINTER 22\_\_\_\_

REFERRED BY:

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

UNIVERSITY/COLLEGE CLASSIFICATION:

\_\_\_\_\_ Freshman \_\_\_\_\_ Sophomore \_\_\_\_\_ Junior \_\_\_\_\_ Senior \_\_\_\_\_ Graduate Student

EDUCATION:

<u>UNIVERSITY/COLLEGE</u>	<u>ADDRESS</u>	<u>MAJOR/MINOR</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

NAME OF PROFESSOR AND UNIVERSITY/COLLEGE INTERNSHIP INFORMATION:

Professor's Name: \_\_\_\_\_

School Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Business Hours: \_\_\_\_\_

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



How many credit(s) will you receive for the internship? \_\_\_\_\_

How many hours are required to receive the credit(s)? \_\_\_\_\_

When is your deadline for registration? \_\_\_\_\_

Have you had an internship before? \_\_\_\_\_

If so, where: \_\_\_\_\_  
\_\_\_\_\_

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 \_\_\_\_\_ Production \_\_\_\_\_ Promotion \_\_\_\_\_ Sales/Research \_\_\_\_\_  
Engineering/Master Control \_\_\_\_\_ Weather \_\_\_\_\_ Web \_\_\_\_\_

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	_____				

QUESTIONS:

What do you expect to gain from the internship program?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your career goals?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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For office use only

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

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

Assignment: (Dept) \_\_\_\_\_  
(Supervisor) \_\_\_\_\_