

PERSONAL INFORMATION

Name: _____ Date: _____
 Mailing Address: _____
 City _____ State _____ Zip _____
 Home Phone: () _____ Cell Phone: () _____
 Email Address: _____

EDUCATIONAL INFORMATION

Institution: _____ Location: _____
 Classification: _____ Major: _____
 Minor: _____ Expected Graduation Date: _____
 Relevant Coursework: _____

GENERAL INFORMATION

Indicate the Department(s) of interest by numbering in order of preference:
 (Department. descriptions available online at www.aetn.org/about/internship)

_____ Archiving	_____ Education
_____ Finance	_____ Marketing & Outreach
_____ Operations	_____ Production
_____ Programming	_____ Other _____

Desired Internship Semester:

Spring Summer Fall

Availability:

Monday Tuesday Wednesday Thursday Friday
 Saturday Sunday
 Mornings Afternoon Evenings

Please check all skills you possess (check all that apply):

- | | | | |
|------------------------------------------|--------------------------------------------|--------------------------------------------|--------------------------------------|
| <input type="checkbox"/> Clerical | <input type="checkbox"/> Podcasting | <input type="checkbox"/> Graphics/Layouts | <input type="checkbox"/> Writing |
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Web Design | <input type="checkbox"/> Television Camera | <input type="checkbox"/> Audio |
| <input type="checkbox"/> Lighting | <input type="checkbox"/> Video Editing | <input type="checkbox"/> Transcription | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Video Streaming | <input type="checkbox"/> Knowledge of HTML | | <input type="checkbox"/> Animation |
| <input type="checkbox"/> Other Skills : | | | |
-
-

Please list all software applications you have experience with:

Please note

AETN's business hours are Mon-Fri, 8:00am-4:30pm. However, some departments have projects that occasionally occur outside of normal business hours.

How many hours per week are you available for an internship? _____

How did you learn about the AETN Internship Program?

- | | | | |
|------------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Employee | <input type="checkbox"/> Friend | <input type="checkbox"/> Television | <input type="checkbox"/> Academic Professor |
| <input type="checkbox"/> Career Services | <input type="checkbox"/> AETN Website | <input type="checkbox"/> Other: _____ | |

Please list your emergency contact: Name: _____

Telephone: _____ Relationship: _____

Submit Application with Cover Letter & Resume to:

kfinne@myarkansaspbs.org

Optional Additional Information :-----

