



Internship Application

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 arkansastv.gov/internship-opportunities)

_____ Archiving

_____ Education

_____ Finance

_____ Marketing & Outreach

_____ Operations

_____ Production

_____ Programming

_____ Other _____

Desired Internship Semester: Spring Summer Fall

Available Start Date: _____ **End Date:** _____

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*** Arkansas TV business hours are Mon-Fri, 8:00am-5:00pm. 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 Arkansas TV 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"/> Website | <input type="checkbox"/> Other: | |

Please list your emergency contact: Name: _____

Telephone: _____ Relationship: _____

Submit Application with Cover Letter & Resume to: jkillough@arkansastv.gov

Optional Additional Information: _____
