

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 [Arkansas PBS - Arkansas PBS Internship Opportunities](#))

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

Desired Internship Semester: Spring Summer Fall

Available State 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 PBS 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 Arkansas PBS 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:

[**jkillough@myarkansaspbs.org**](mailto:jkillough@myarkansaspbs.org)

Optional Additional Information: _____

