

# Internship Application



## Date of Application

## Internship Type

	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time <input type="checkbox"/> For Credit
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## Personal Information

Full Name		Nationality
Address		
Phone	Email	Date of Birth
Driving License <input type="checkbox"/> No <input type="checkbox"/> Yes,		Years of Work
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorce		

## Educational Background

Degree / Course	University / Institute	Years Completed	Current GPA	City

## Employment/Prior Internship Experience

Company	Position	Year	Reason for Leaving

## Skills & Training

Skill & Training Achievement(s)	Level	Year	University/Institute

Attach your resume, cover letter, and a copy of your transcripts. Unofficial transcripts are fine. Send it via email to Rachel Kennedy at [rachel.kennedy@dncr.nc.gov](mailto:rachel.kennedy@dncr.nc.gov) or drop your packet off at the CSS Neuse Museum located at 100 North Queen Street, Kinston, NC 28501.

## Interest and Availability



Please specify internship program:  Spring  Summer  Fall

Will you have a minimum number of hours to complete?  No  Yes

If yes, how many hours? \_\_\_\_\_

Please indicate the days and times you will be available (Tuesday-Saturday): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please indicate the area(s) in which you are interested in completing an internship:

Research/Writing  Special Event Coordination  Programming

Education (General)  Friends of the CSS Neuse Museum Nonprofit/Special Events

## Miscellaneous Information

Do you have previous volunteer or work experience?  No  Yes If yes, please list dates, institution, and responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## References

Name \_\_\_\_\_

Email \_\_\_\_\_

Phone Number \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

Name \_\_\_\_\_

Email \_\_\_\_\_

Phone Number \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

## Terms & Agreements

I certify that all of the statements made on this Application are true, complete, and correct to the best of my knowledge.

I hereby authorize the CSS Neuse Museum to contact all the employers and/or references mentioned in my job application. Moreover, I permit any person, school, organization, or entity listed in my application to furnish CSS Neuse Museum with any relevant information that may aid the Museum in making a placement decision. I explicitly release said persons, organizations, or entities from any legal responsibility for revealing any information about me that is legally permissible to disclose.

Signature \_\_\_\_\_ Date \_\_\_\_\_