



Thomas Wolfe
MEMORIAL

Thomas Wolfe Memorial State Historic Site

Internship Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Will this internship fill a course or school requirement? YES NO If yes, how many hours are required? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

If receiving college credit, please list the name and email address of the internship professor.

Full Name: _____

Email: _____ Phone: _____

Please list two professional references.

Full Name: _____ Relationship: _____
Company: _____ Phone: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____

Previous Employment

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.
If this application leads to an internship, I understand that false or misleading information in my application or interview may result in my release.*

Signature: _____ Date: _____

Additional Questions

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

As an academic, what are your areas of interest?

What are you seeking to learn through your internship?

What days are you available to work?

(We are open Tuesday-Saturday 9:00 a.m.-5:00 p.m.)

- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday

After completing this application, please send it, along with resume, to:

Thomas Wolfe Memorial
Attn: Kayla Pressley Seay
52 N. Market Street
Asheville, NC 28801

Or email the documents to kayla.seay@ncdcr.gov