Application for Internship

Personal Information

Last name:	First name:				MI:	
Street address:						
City:	State:					
SS#:	Age (if under 18		18):	Phone:		
Education						
Current						
Name of institute:			Type of degree/Diploma:			
Course of study:			_ Anticipated graduation date:			
Number of credits completed:			Grade point average (GPA):			
Previous						
Name of institute:			Type of degree/Diploma:			
Course of study:			Anticipated graduation date:			
Number of credits completed:			_ Grade point average (GPA):			
Availability						
Please fill in the hou	ırs you are avo	ailable to worl	k in the chart	provided:		
•		to				
		I	I	1	Γ	
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday
From:						
To:						
Total number of hours desired:			Hours per week desired:			
Types of Interns	hip Sought					
Types of Interns	hip Sought					



Employment History

(Start with most recent)						
Company name:						
Address:		Supervisor's name:				
From:	To:	Salary:				
Reason for leaving:						
Briefly describe duties a	and responsibilities	:				
Phone:	May we c	May we contact your supervisor for a reference?				
Company name:						
		Supervisor's name:				
From:	To:	Salary:				
Reason for leaving:						
Briefly describe duties a	and responsibilities	:				
Phone:	May we c	May we contact your supervisor for a reference?				
Personal Statement						
Please let us know abou	t you, including you	ır interests, goals, and hobbies:				
	,	· ·				
List of References a	nd Contact Info	ormation				
(Please no relatives)						
(Fleuse no relatives)						
Signature						
The information provide	ed this application i	is true, correct, and complete.				
·		nis application may result in dismissal.				
,, impocatornont or on		as approacion may result in distillustri.				
Signature:		Date:				

The Jewish Museum is an Equal Opportunity Employer.

