

MousePaw Media: "Informal" Internship Program Application

PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE

The information on this form is used to ensure we offer informal internship positions to individuals who are most likely to benefit from and complete the program.

BASIC INFORMATION

Name _____
Last First MI Maiden

Other Names _____

Present Address _____
Number Street Apt

City State Zip

Primary Telephone (_____) _____ - _____

Secondary Telephone (_____) _____ - _____

E-mail _____

NOTE: We prefer a non-institutional email address.

DOB ____/____/____

INTERNSHIP INFORMATION

Which department would you like to be considered for?

___ Programming

How did you find out about this internship?

___ MousePaw Media Website ___ Social Media

___ Career Services ___ Instructor

___ Referral (Name: _____)

___ Other (Specify: _____)

On average, how many hours can you work a week? _____

Are there any reasons you foresee preventing your completion of the year-long internship program?

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INTERNSHIP INFORMATION (continued)

Do you have reliable, secure administrator access to a computer?

(Check one) Yes No

Do you have access to a reliable, secure internet connection?

(Check one) Yes No

EDUCATION

Level of Education (check one)

Some High School High School Diploma/GED

Some College College/University Degree/Certificate Graduate School

If applicable...

School	Major/Degree	Graduation/Expected Graduation

REFERENCES

Please provide at least two non-relation references.

Name	Relationship	Phone

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WORK HISTORY

Please provide your work experience for the past five years, beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.

Name of Employer Phone

Address

Last Job/Title Employment Dates

Reasons for leaving (be specific)

May we contact this employer? (Check one) Yes No

List duties performed, skills used/learned, advancements, and/or promotions while you worked for this employer.

Name of Employer Phone

Address

Last Job/Title Employment Dates

Reasons for leaving (be specific)

May we contact this employer? (Check one) Yes No

List duties performed, skills used/learned, advancements, and/or promotions while you worked for this employer.

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Name of Employer

Phone

Address

Last Job/Title

Employment Dates

Reasons for leaving (be specific)

May we contact this employer? (Check one) Yes No

List duties performed, skills used/learned, advancements, and/or promotions while you worked for this employer.

Name of Employer

Phone

Address

Last Job/Title

Employment Dates

Reasons for leaving (be specific)

May we contact this employer? (Check one) Yes No

List duties performed, skills used/learned, advancements, and/or promotions while you worked for this employer.

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CRIMINAL HISTORY

Have you ever been convicted of a crime involving the internet or computers?

(Check one) Yes No

Have you read all the relevant information about this internship at <http://www.mousepawmedia.com/internships?>

(Check one) Yes No

Have you included the required RESUMÉ and PORTFOLIO?

(Check one) Yes No

Do you understand that this internship is informal and unpaid, conducted on a voluntary basis only, and that the internship has a minimum commitment of 6 hours/week for 240 hours to be eligible for the letter of recommendation?

(Check one) Yes No

ABOUT THE INTERNSHIP APPLICATION

Thank you for your application for the MousePaw Media Internship Program. We love diversity, and we make every effort to comply with Federal and Idaho State laws regarding equal opportunity and preventing discrimination.

All information provided is considered confidential, and will not be disclosed to any third-party, except as required for applicant screening or by as required by law.

For all legal purposes, the internship is based in Coeur d'Alene, Idaho, and is governed by Idaho State laws.

If you have any questions, please contact MousePaw Media at internships@mousepawmedia.com, or call (208) 557-GAME [4263].

By signing, you claim that the above information provided is accurate to the best of your abilities.

Applicant Signature

Date