

MTS Broadcasting LLC, Internship Application

For submission to WAAI/WTDK/WCEM-FM/WCEM-AM

Personal Information

Name: _____

Address: _____

Phone Number: _____

Secondary Contact Number: _____

Interning Interest: (check all that apply)

Broadcasting Promotions Sales Clerical Production

Date you can start: _____

How many credits will you be working toward: _____

Available Hours per week to work: _____

Precise Hours you're available to work in a work week

Monday: _____ Tuesday: _____ Wednesday: _____

Thursday: _____ Friday: _____ Saturday: _____

Sunday: _____

Educational Background information

Name of School/College/University: _____

Address of Institution: _____

Telephone Number () _____ - _____

Major/Primary area of study: _____

PROFESSIONAL REFERENCES

1. **Name:** _____

Position: _____

Telephone #: (_____) _____

2. **Name:** _____

Position: _____

Telephone #: (_____) _____

3. **Name:** _____

Position: _____

I certify that the facts contained in this application are true statements to the best of my knowledge. It is to my understanding that if accepted into the internship program, falsified statements on this application shall be grounds for dismissal from the said program. I authorize investigation of all statements contained herein including the references listed throughout, to give you any and all information concerning my educational background and any pertinent information regarding my character; personal or otherwise. I also release all parties from any liability that may result from providing honest and true information to MTS Broadcasting (WAAI/WCEM-FM/WTDK/WCEM-AM).

I understand and agree that if accepted into the internship program, that my internship is for no definite period and may be terminated at any time without any prior notice.

It is also to my understand that while providing services to for the internship program, all insurance and liability necessities are the responsibility of the individual and or the College/Institution where I am currently obtaining my education.

Name: _____

Signature: _____

Date: _____ / _____

Authorization (station representative) _____

Signature: _____

Date Received: _____