



INTERNSHIP APPLICATION FORM

LM Communications is an affirmative action/equal employment opportunity employer. Discrimination because of race, color, religion, sex, handicap, sexual orientation or national origin is prohibited. In order to be considered for an internship, you must submit a signed and completed application form along with a cover letter and your resume. Please refer to the Internship Opportunities bulletin (information on obtaining a copy of the bulletin is listed on the back page of this application) to determine if additional application items, such as a writing sample, are required. All application items must be submitted as a complete package. Incomplete applications will not be reviewed.

Name(s) of Internship(s) Applied For:

Name: _____

School Address: _____

Permanent Address: _____

School Telephone Number: _____ Permanent Telephone Number: _____

Social Security Number: _____ Are you legally eligible to work in the U.S.? _____

If you are not a U.S. Citizen, are there any restrictions on your eligibility for employment? _____

Are you requesting that your college grant you credit hours for your internship? _____

Dates available to perform internship: _____

If you do not receive an internship at LM Communications, would you be interested in being considered for an internship position with one of our clients? _____

EDUCATION

| Type of School | Name & Location | Degree/Date | Major |
|----------------|-----------------|-------------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Scholastic Honors and/or Licenses

EMPLOYMENT HISTORY *(Includes paid, volunteer, and intern positions)*

Most Recent Employer: _____ Telephone Number: _____

Address : _____

Supervisor (Name & Title): _____

Position Title: _____ Start Date: _____ End Date: _____

Description of duties: _____

Employer: _____ Telephone Number: _____

Address : _____

Supervisor (Name & Title): _____

Position Title: _____ Start Date: _____ End Date: _____

Description of duties: _____

Employer: _____ Telephone Number: _____

Address : _____

Supervisor (Name & Title): _____

Position Title: _____ Start Date: _____ End Date: _____

Description of duties: _____

REFERENCES

Name: _____ Telephone Number: _____

Company/School : _____

Relationship: _____

Name: _____ Telephone Number: _____

Company/School : _____

Relationship: _____

Name: _____ Telephone Number: _____

Company/School : _____

Relationship: _____

ACHEIVEMENT

Publications and Articles: _____

Community/professional organizations, honors and awards: _____

Activities relevant to the internship(s) for which you are applying: _____

Why you would like to work as an LM Communications intern? _____

I certify that all of the statements in this application are true and complete to the best of my knowledge. I understand that a false or incomplete answer may be grounds for not considering me or for my dismissal.

Signature: _____ Date _____