



INTERNSHIP APPLICATION PACKET

Thank you for your interest in the KDFW FOX 4 News Internship Program.
Please complete the following application in full, and return it to
KDFW FOX 4 in time to meet the deadlines below.

Fall Semester - June 15th
Spring Semester - November 1st
Summer Semester - April 1st

FAX:

214.954.0315

Mailing Address:

Human Resources Department
KDFW FOX 4 News
400 N. Griffin Street
Dallas, TX 75202

For More Information:

Visit our website kdfwfox4.com (click on Jobs, click on Internships)

FOX 4 INTERNSHIP APPLICATION

KDFW FOX 4 NEWS/FOX TELEVISION STATIONS, 400 N. GRIFFIN ST., DALLAS, TX 75202

All qualified applicants (students) will be given equal consideration regardless of race, color, age, gender, sexual orientation, religion, disability or ethnic background.

Please print or type.

NAME _____

PRESENT ADDRESS _____

CITY _____ STATE _____

ZIP _____ PHONE () _____

PERMANENT ADDRESS _____

CITY _____ STATE _____

ZIP _____ PHONE () _____

E-MAIL _____

INDICATE THE SEMESTER YOU WOULD LIKE TO BE CONSIDERED FOR AN INTERNSHIP:

() FALL _____ (yr) () WINTER _____ (yr) () SPRING _____ (yr) () SUMMER _____ (yr)

REFERRED BY:

_____ SCHOOL _____ PUBLICATION: _____
_____ ON MY OWN _____ EMPLOYEE: _____
_____ WEBSITE _____ OTHER: _____

UNIVERSITY/COLLEGE CLASSIFICATION:

Junior _____ Senior _____ Graduate Student _____

EDUCATION:

UNIVERSITY/COLLEGE:	ADDRESS:	MAJOR/MINOR:

NAME OF PROFESSOR AND UNIVERSITY/COLLEGE INTERNSHIP INFORMATION:

PROFESSOR'S NAME: _____

SCHOOL ADDRESS: _____

TELEPHONE: _____

COURSE NAME: _____

HOW MANY CREDIT(S) WILL YOU RECEIVE FOR THE INTERNSHIP ? _____

HOW MANY INTERNSHIP HOURS ARE REQUIRED TO RECEIVE THE CREDIT(S) ? _____

HAVE YOU HAD AN INTERNSHIP BEFORE? _____

IF SO, WHERE: _____

HOW LONG? _____

WHAT WERE YOUR PRINCIPAL DUTIES AS AN INTERN?

SCHEDULE AVAILABILITY

<u>DAY</u>	<u>HOURS</u>	<u>DAY</u>	<u>HOURS</u>	<u>DAY</u>	<u>HOURS</u>
MON.	_____	THURS.	_____	SAT.	_____
TUES.	_____	FRI.	_____	SUN.	_____
WED.	_____				

LIST THREE REFERENCES INCLUDING A PROFESSOR, INSTRUCTOR OR COUNSELOR (OTHER THAN RELATIVES):

NAME _____	PHONE _____
ADDRESS _____	OCCUPATION _____
NAME _____	PHONE _____
ADDRESS _____	OCCUPATION _____
NAME _____	PHONE _____
ADDRESS _____	OCCUPATION _____

QUESTIONS:

WHAT DO YOU EXPECT TO GAIN FROM THE INTERNSHIP PROGRAM ?

WHAT ARE YOUR CAREER GOALS ?

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