
Georgia O'Keeffe Museum

APPLICATION FOR INTERNSHIP

The Georgia O'Keeffe Museum is an equal opportunity employer. It is our policy that all applicants be considered solely on the basis of qualifications and ability, without regard to race, religion, color, sex, age, national origin, disability or veteran status.

Please print and complete form in detail. Please be specific and fill in all appropriate blanks. All information given will be held in strict confidence.

PERSONAL INFORMATION

DATE _____ SOCIAL SECURITY NO. _____

NAME (Last, First, Middle) _____

STREET ADDRESS _____ Years At This Address _____

CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL _____

POSITION DESIRED (Please state which department and/or area of the Museum you are interested in applying to for an internship)

EDUCATION

1. NAME AND LOCATION OF SCHOOL _____

DATES ATTENDED _____ LAST YR COMPLETED _____

MAJOR SUBJECTS STUDIED _____

NO. OF CREDIT HRS COMPLETED _____ GRADUATE? YES/NO

DEGREE RECEIVED (TYPE) _____

ADDITIONAL COURSES OR STUDIES

2. NAME AND LOCATION OF SCHOOL _____

DATES ATTENDED _____ LAST YR COMPLETED _____

MAJOR SUBJECTS STUDIED _____

NO. OF CREDIT HRS COMPLETED _____ GRADUATE? YES/NO

DEGREE RECEIVED (TYPE) _____

ADDITIONAL COURSES OR STUDIES

EXTRACURRICULAR ACTIVITIES AND HONORS

IN HIGH SCHOOL _____

IN COLLEGE _____

WORK EXPERIENCE

(Start with present position and work back)

NAME OF ORGANIZATION _____

TYPE OF BUSINESS _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____

IMMEDIATE SUPERVISOR _____ TITLE _____

PHONE _____

POSITION DATES _____ SALARY _____

TITLE _____ DEPARTMENT _____

EXPLAIN DUTIES _____

WHAT DID YOU MOST ENJOY ABOUT THIS JOB? _____

WHAT DO YOU LEAST ENJOY? _____

WHAT WERE YOUR REASONS FOR LEAVING? _____

OTHER POSITIONS HELD (Include summer work during school)

1. DATES OF EMPLOYMENT _____

NAME OF COMPANY _____ POSITION _____

SALARY _____ REASON FOR LEAVING _____

2. DATES OF EMPLOYMENT _____

NAME OF COMPANY _____ POSITION _____

SALARY _____ REASON FOR LEAVING _____

3. DATES OF EMPLOYMENT _____

NAME OF COMPANY _____ POSITION _____

SALARY _____ REASON FOR LEAVING _____

ADDITIONAL COMMENTS ABOUT POSITIONS HELD _____

MAY WE CONTACT YOUR PREVIOUS EMPLOYER(S)? YES NO

ACTIVITIES

INDICATE MEMBERSHIP, DEGREES OF PARTICIPATION, AND OFFICES HELD SINCE LEAVING SCHOOL IN CIVIC, PROFESSIONAL, SOCIAL, ATHLETIC OR OTHER ORGANIZATION OR ACTIVITIES, EXCEPT THOSE ORGANIZATIONS THE NAME OR CHARACTER OF WHICH MAY INDICATE YOUR RACE, COLOR CREED, RELIGION OR NATIONAL ORIGIN.

CURRENT HOBBIES AND RECREATIONAL ACTIVITIES _____

IN WHAT ADDITIONAL ACTIVITIES WOULD YOU LIKE TO ENGAGE? _____

DESCRIBE SPECIAL TRAINING YOU MAY HAVE RECEIVED THAT WOULD AID YOU IN THE POSITION YOU ARE APPLYING FOR.

ADDITIONAL INFORMATION

WHAT ARE YOUR PLANS FOR THE FUTURE? _____

ARE THERE ANY OTHER EXPERIENCES, SKILLS OR QUALIFICATIONS WHICH YOU FEEL WOULD ESPECIALLY FIT YOU FOR WORK WITH THE MUSEUM?

REFERENCES (At least one reference should be a college professor)

1. NAME _____ PHONE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

RELATIONSHIP _____ YEARS ACQUAINTED _____

2. NAME _____ PHONE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

RELATIONSHIP _____ YEARS ACQUAINTED _____

3. NAME _____ PHONE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

RELATIONSHIP _____ YEARS ACQUAINTED _____

IN CASE OF AN EMERGENCY NOTIFY _____

PHONE _____ RELATIONSHIP _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected, and if I am an intern at the Georgia O’Keeffe Museum, my internship may be terminated at any time. In consideration of my internship, I agree to conform to the Georgia O’Keeffe Museum’s rules and regulations.

DATE _____ SIGNATURE OF APPLICANT _____