



WBKI INTERNSHIP APPLICATION

NAME _____
(Last) (First) (Middle)

ADDRESS

PHONE NUMBER

UNIVERSITY/COLLEGE

CITY _____ STATE _____

CLASS LEVEL (at start of internship): JUNIOR ____ SENIOR ____

EXPECTED DATE OF GRADUATION: _____

FACULTY CONTACT PERSON: _____

DEPARTMENT: _____ CONTACT NO: _____

Department interested in interning with:
Sales ____ Production ____ Creative Services ____ Louisville LIVE ____

How did you learn about the internship opportunity at WBKI?

List skills and/or prior work experience relevant to the internship desired
(may submit a resume with application)

Why are you interested in doing an internship at WBKI-TV? What do you hope to achieve by the end of the internship?

EMERGENCY CONTACT

Name _____

Relationship to you _____

Phone number _____

Email _____

I certify that the statements I have made are true, and I authorize WBKI-TV to investigate the accuracy & completeness of the information provided.

(Signature)

(Date)

The completed internship application should be **mailed** to:

WBKI-TV

Attn. Human Resources Office

Internship Application

6100 Dutchmans Lane, Suite 701

Louisville, KY 40205