



MINNESOTA HISTORICAL SOCIETY

345 Kellogg Boulevard West
St. Paul, MN 55102-1906
www.mnhs.org

INTERNSHIP APPLICATION

Thank you for your interest in our internship program. We ask all applicants to apply early and allow two to three months to provide time for project development and to consult with academic advisors.

Please carefully provide the following information about yourself:

Name: (Last) (First) (Middle Initial)

Address: (Street) (City) (State) (Zip Code)

Phone: ( ) Other Phone: ( )

E-mail Address:

Emergency Contact

Name: (Last) (First) (Middle Initial) Relationship:

Address: (Street) (City) (State) (Zip Code)

Home Phone: ( ) Work Phone: ( )

Education

Table with 4 columns: Name of School, Dates of Attendance, Current Year, Field of Studies. Rows include High School, Tech/Voc., College/University, and Other.

Address of School: (Street) (City) (State) (Zip Code)

Faculty Sponsor: Phone: ( )

Address: (Street) (City) (State) (Zip Code)

## Placement Information

Will credits be earned for this internship?  Yes  No

What student or professional organization(s) do you belong to? \_\_\_\_\_

What volunteer / internship experiences have you had? \_\_\_\_\_

Indicate which of the following departments or programs you are interested in:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Archaeology           | <input type="checkbox"/> Historic Sites             | <input type="checkbox"/> Processing         |
| <input type="checkbox"/> Conservation          | <input type="checkbox"/> Human Resources            | <input type="checkbox"/> Publications       |
| <input type="checkbox"/> Exhibits              | <input type="checkbox"/> Marketing & Communications | <input type="checkbox"/> Reference Services |
| <input type="checkbox"/> Finance / Accounting  | <input type="checkbox"/> Museum Education           | <input type="checkbox"/> Volunteer Services |
| <input type="checkbox"/> Historic Preservation | <input type="checkbox"/> Oral History               | <input type="checkbox"/> Other (specify)    |

Dates you will be available for the internship: From: \_\_\_\_\_ To: \_\_\_\_\_

Times and days of week preferred: \_\_\_\_\_

Total number of hours you are looking for in this internship: \_\_\_\_\_

What is your educational objective for this internship? \_\_\_\_\_

## Miscellaneous

Have you ever been convicted of a crime that may relate to the position which you are applying?  Yes  No

If so, explain: \_\_\_\_\_

## References

Please provide us with two academic or professional references. Do not include relatives.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
(Last) (First) (Middle Initial)

Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
(Last) (First) (Middle Initial)

Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

I certify that the facts set forth in this internship application (and any accompanying materials) are true and complete to the best of my knowledge. I understand that any falsification, omission, misrepresentation, or concealment of information on this application may be sufficient grounds for disqualification from further consideration for an internship or for immediate discharge, and that the Society shall not be liable in any respect if my internship is so denied or terminated. I hereby assign to the Minnesota Historical Society all rights comprised in the copyright in all work produced by me within the scope of my internship with the Minnesota Historical Society.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Q:/hr/VS/FORMS/Internship Application/3/05

**Equal Opportunity and Affirmative Action Employer**