Application for Internship

The Georgia O'Keeffe Museum is an equal opportunity employer and considers all candidates for employment based on such factors as knowledge, education, skill, experience, the ability to perform required activities, and availability, and without regard to non-pertinent factors of race, religion, color, sex, sexual orientation, age, ancestry, citizenship, national origin, disability or any other legally protected status.

PERSONAL INFORMATION						
Date						
Name (First, Last, Middle)						
Address						
City:	State:	Zip:				
Phone Number	Alternate Pho	ne Number				
Email Address:		_				
INTERNSHIP DESIRED						
Are you eligible to work in the U.S. for any employer without needing sponsorship?YesNo						
Are you able to relocate to Santa Fe, NM temporarily for the duration of this Internship? YesNo						
Are you able to start in person on May 27	'?YesNo					
Are you able to stay for the duration of th	າe internship through Augເ	ust 5th?YesN	0			

EDUCATION

1. Name and location of school		-
Dates attended		
Major subjects studied		
No. Of credit hours completed	_Graduate? Yes/no	
Degree received (type)		
Additional courses or studies		

2. Name and location of school	
Dates attended	
Major subjects studied	
No. Of credit hours completed	_Graduate? Yes/no
Degree received (type)	-
Additional courses or studies	

OTHER POSITIONS HELD (Include summer work during school)			
1. Dates of Employment			
Name of Company	Position		
Reason for Leaving			
2. Dates of Employment			
Name of Company	Position		
Reason for Leaving			
3. Dates of Employment			
Name of Company	_Position		
Reason For Leaving			
Additional Comments About Positions Held			

Describe special training or education you may have received that would aid you in the internship you are applying for.

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				

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.
Date_____Signature of Applicant_____