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: Zip:
Phone NumberAlternate Phone 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 June? Yes No
Are you able to stay for the duration of the internship through August ? Yes No
Are you able to stay for the duration of the internship through August : res No
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 v	work during school)					
Dates of Employment						
Name of Company	Position					
Reason for Leaving	- 111111					
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?						
REFER	ENCES (At least one reference	should be a colle	ge professor)			
1.	NAME		PHONE			
	ADDRESS					
	CITY	STATE	ZIP			
	RELATIONSHIP	YE	EARS ACQUAINTED			
			2112115			
2.	NAME					
	ADDRESS					
	CITY					
	RELATIONSHIP	YE	EARS ACQUAINTED			
3.	NAME		PHONE			
	ADDRESS					
	CITY	STATE	ZIP			
	RELATIONSHIP	YE	EARS 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 A	pplicant				