



INTERNSHIP PROGRAM INFORMATION

Internships are offered at MPB's central location in Jackson, Mississippi. MPB's internship program is specifically designed to provide training and experience for students interested in public broadcasting. MPB internships are non-salaried, unless otherwise indicated.

Internship Positions Available:

Internship opportunities are available in most departments of the agency. Please be sure to indicate all areas of interest on the application form.

Eligibility:

A candidate must be a graduate student, an undergraduate student, or have graduated from college within 12 months of beginning the internship. High school interns may be considered on an individual basis.

General Information:

Internships are offered during the Summer, Fall, and Winter/Spring semesters. Interns may receive academic credit if approved by the intern's college or university. Interns must have access to reliable transportation and a computer. All interns are subject to the applicable MPB employee rules.

Application Procedures:

Internship Application Timeline:

Spring Internships: Applications will be accepted throughout the month of November.

Summer Internships: Applications will be accepted throughout the month of April.

Fall Internships: Applications will be accepted throughout the month of June.

Candidates must complete an application form and submit it with their resume. Some internship positions require additional application items, such as a writing sample. All application items must be submitted as a complete package. Incomplete applications will not be reviewed.

Mail or Email Applications to:

Mississippi Public Broadcasting – Internship Program
Attn: Sarah W. Mann, Director of Human Resources
3825 Ridgewood Road
Jackson, MS 39211
Email: sarah.mann@mpbonline.org

Where to Go for Further Information:

MPB's Website: www.mpbonline.org

Or email: sarah.mann@mpbonline.org

MPB is an Equal Opportunity Employer.



INTERNSHIP APPLICATION FORM

MPB is an equal employment opportunity employer. Discrimination because of an individual's race, color, religion, sex, handicap, or national origin is prohibited.

To be considered for an internship, you must submit a signed and completed application form along with your resume. All application items must be submitted as a complete package.

Incomplete applications will not be considered.

Name of Applicant: _____
First Name
Middle Initial
Last Name

Semester: Spring Summer Fall

Internship of Interest:

Educational History:

<u>TYPE OF SCHOOL</u>	<u>NAME & LOCATION</u>	<u>DEGREE/MAJOR</u>	<u>DATE OF COMPLETION</u>
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High School: _____

College: _____

Awards/Recognitions:

Your Mailing Address:

Primary Phone Number:

Alternate Phone Number:

E-mail Address:

Why would you like to work as an MPB intern?

Are you legally eligible to work in the U.S.? _____ If you are not a U.S. Citizen, list any restrictions on your eligibility for employment: _____

Work History: (Includes paid, volunteer, and intern positions)

Most Recent Employer: _____ Phone Number: _____

Address: _____

Supervisor's Name & Title: _____

Position/Title: _____ Start Date: _____ End Date: _____

Description of Duties:

Please attach additional relevant work experience in electronic pdf format, if necessary.

References:

Reference #1: Name: _____ Telephone Number: _____

Company/School: _____

Relationship: _____ Known How Long: _____

Reference #2: Name: _____ Telephone Number: _____

Company/School: _____

Relationship: _____ Known How Long: _____

To meet the requirements of the Federal Communications Commission, MPB needs to collect information on the questions below for reporting purposes only. This information will not be used for making employment decisions. Your response is OPTIONAL and voluntary.

Sex: _____ Ethnic Origin: _____

Check any of the following which apply to you:

_____ Vietnam Era Veteran _____ Disabled Veteran _____ Handicapped

I certify by my signature below that all of the statements in this application are true and complete to the best of my knowledge. I understand that a false or incomplete answer may be grounds for not considering me or for my dismissal. Additionally, I acknowledge that I have access to a computer and reliable transportation.

Signature _____ Date _____

FOR SCHOOL ADMINISTRATOR USE ONLY – DO NOT WRITE BELOW THIS LINE.

Number of total semester hours required for course credit: _____

Responsible School Official's Contact Information: Name _____

Title: _____ Phone: _____ Email: _____

Signature

Date