



## **INTERNSHIP PROGRAM INFORMATION**

MPB offers internships at its office located in Jackson, Mississippi. MPB offers internships to students enrolled in any institution of higher learning or a vocational/trade school. 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. The Internship Opportunities section on MPB's website lists the specific internships available at MPB. This section may be viewed on MPB's website, [www.mpbonline.org](http://www.mpbonline.org).

### **Eligibility:**

A candidate must be a graduate student, an undergraduate student, or have graduated from college within 12 months of beginning the internship.

### **General Information:**

Internships are offered during the Summer, Fall, and Winter/Spring semesters. Interns may receive academic credit, if an agreement is made between the MPB Human Resources Department and the intern's college or university. All interns are subject to the applicable MPB employee rules.

### **Application Procedures:**

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 Scan/Email Applications to:**

Mississippi Public Broadcasting – Internship Program  
Attn: Dr. Marvin H. Jeter, III, Chief of Staff  
3825 Ridgewood Road  
Jackson, MS 39211  
Email: [careers@mpbonline.org](mailto:careers@mpbonline.org)

### **Where to Go for Further Information:**

MPB's Website: [www.mpbonline.org](http://www.mpbonline.org)  
Or email: [marvin.jeter@mpbonline.org](mailto:marvin.jeter@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. Please refer to the *Internship Opportunities* section in the **Employment Section** of our website ([www.mpbonline.org](http://www.mpbonline.org)) to determine if additional application items, such as a writing sample, are required. All application items must be submitted as a complete package.

**Incomplete applications may not be considered.**

Name of Applicant: \_\_\_\_\_  
First Name Middle Initial Last Name

**Internship(s) of Interest:**

- |   |  |  |
|---|--|--|
| <input type="radio"/> Education: Early Childhood  | <input type="radio"/> Education: e-Learning      | <input type="radio"/> Education: Classroom TV      |
| <input type="radio"/> Audio/Media/Content         | <input type="radio"/> Education: 3-5 Curriculum  | <input type="radio"/> Education: 6-8 Curriculum    |
| <input type="radio"/> Communications: Branding    | <input type="radio"/> Video/Audio Production     | <input type="radio"/> Video: Archives              |
| <input type="radio"/> Communications: Copywriting | <input type="radio"/> Communications: Web Design | <input type="radio"/> Communications: Social Media |
| <input type="radio"/> Human Resources             | <input type="radio"/> Technical Services         | <input type="radio"/> Sales & Marketing            |
|   | <input type="radio"/> Other: _____               |  |

**Educational History:**

| <u>TYPE OF SCHOOL</u> | <u>NAME &amp; LOCATION</u> | <u>DEGREE</u> | <u>MAJOR</u> | <u>DATE</u> |
|-----------------------|----------------------------|---------------|--------------|-------------|
| High School           | _____                      | _____         | _____        | _____       |
| College               | _____                      | _____         | _____        | _____       |
| University            | _____                      | _____         | _____        | _____       |

Scholastic Honors and/or Licenses: \_\_\_\_\_

Are you requesting college credit hours for your internship? \_\_\_\_\_ Semester available: \_\_\_\_\_

Community/Professional organizations, honors, and awards: \_\_\_\_\_

Experience/activities relevant to the internship(s) for which you are applying: \_\_\_\_\_

Your Mailing Address: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

School Name: \_\_\_\_\_

School 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: \_\_\_\_\_

---

Additional Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor's Name & Title: \_\_\_\_\_

Position Title: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

---

**References:**

***Reference #1:*** Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Company/School: \_\_\_\_\_

Relationship: \_\_\_\_\_ Known How Long: \_\_\_\_\_

***Reference #2:*** Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Company/School: \_\_\_\_\_

Relationship: \_\_\_\_\_ Known How Long: \_\_\_\_\_

***Reference #3*** 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 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.*

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

**For College Credit:**

\_\_\_\_\_  
*Student's Signature* *Date*

\_\_\_\_\_  
*Department Chairman's Signature* *Date*