

THE ART INSTITUTE OF CHICAGO

111 SOUTH MICHIGAN AVENUE, CHICAGO, ILLINOIS 60603-6110 } TELEPHONE: 312-443-3600 } FAX: 312-443-0849

Internship Application

Date _____ Social Security _____

Name _____

Current Address _____

City _____ State _____ Zip Code _____

Telephone _____ Alternate Phone _____

E-mail Address _____

Permanent Address _____

City _____ State _____ Zip Code _____

Are you eligible to work in the U.S.? _____

EDUCATION

High School _____ Did you graduate? _____

College (*currently enrolled*) _____

Address _____

Current Status _____ Anticipated graduation date _____

Major _____ Minor _____ Years attended _____

Other colleges attended _____

SKILLS

Computer Skills _____

Foreign Language (s) _____

Any related skills or volunteer work _____

EMPLOYMENT

Employer _____
Address _____ Dates _____
Job Title _____ Supervisor _____
Duties _____

Employer _____
Address _____ Dates _____
Job Title _____ Supervisor _____
Duties _____

Which departments are you most interested in:

1. _____ 2. _____ 3. _____

Are you interested in an internship for (check all that apply):

Pay _____ College Credit _____ Volunteer Basis _____

When would you be available to start _____ How many **days** per week _____
What days are you available _____ How many **hours** per week _____

How did you hear about the internship program at the Art Institute?

Are you currently receiving college work-study aid? _____

I hereby affirm that the information provided on this application or in connection with the processing of this application (and accompanying resume and documents, if any), is true and complete to the best of my knowledge. I understand that false statements or significant omissions, regardless of when discovered, made on or in connection with my application and accompanying documents shall be considered sufficient reason for dismissal.

This application does not necessitate an internship offer. If my application is accepted for an internship, I agree to conform to the rules and regulations of the Art Institute of Chicago and I also agree that my internship can be terminated at any time by either myself or The Art Institute of Chicago with or without an explanation, with or without notice.

Signature

Date

Please return completed application to:

**Coordinator of Internship Programs
The Art Institute of Chicago
Human Resources Department
111 South Michigan Avenue
Chicago, Illinois 60603-6110**

The Art Institute of Chicago is committed to offering equal participation in its internship, educational, and cultural programs without regard to race, creed, national origin, age, gender, marital status, or handicap.