

**VIRGINIA FILM OFFICE
INTERNSHIP APPLICATION**

NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____

ZIP CODE: _____

COUNTRY: _____

SOCIAL SECURITY # _____

TELEPHONE NO.: _____

LICENSE PLATE # _____

(Area Code) _____ Number: _____

WHAT TIME PERIOD DO YOU WISH TO COMPLETE THE INTERNSHIP? _____

EDUCATION, SKILLS, EXPERIENCE AND INTEREST

EDUCATION COMPLETED: _____

MAJOR (If Applicable): _____

DEGREE: _____

COMPUTER SKILLS / SOFTWARE UTILIZED: _____

OTHER SCHOOLING OR SPECIAL TRAINING: _____

OTHER INTERESTS, HOBBIES OR SKILLS: _____

WHAT DO YOU HOPE GAIN FROM AN INTERNSHIP WITH THE VIRGINIA FILM OFFICE?

DESCRIBE MAIN AREAS OF INTEREST WITHIN THE FILM INDUSTRY? (IE. Writing, Directing, Producing, Marketing, etc.)

ATTACH A RESUME OR COMPLETE THE REVERSE SIDE OF THIS APPLICATION

EXPERIENCE: Starting with the most recent, describe ALL paid, military and applicable voluntary experience.
JOB TITLE:
Employer:
Address:
Telephone No.:
Immediate Supervisor:
Dates (mo./yr.) _____ to _____ (mo./yr.) _____ Full-time _____ Part-time
Your Name If Difference From Present:
DUTIES:

EXPERIENCE: Starting with the most recent, describe ALL paid, military and applicable voluntary experience.
JOB TITLE:
Employer:
Address:
Telephone No.:
Immediate Supervisor:
Dates (mo./yr.) _____ to _____ (mo./yr.) _____ Full-time _____ Part-time
Your Name If Difference From Present:
DUTIES:

INTERN: (Signature) _____ **DATE:** _____

REFERENCES: LIST NAMES, ADDRESS AND RELATIONSHIPS OF THREE PERSONS NOT RELATED TO YOU.

Name:
Address:
Telephone No.
Relationship:

Name:
Address:
Telephone No.
Relationship:

Name:
Address:
Telephone No.
Relationship: