

RADIO ONE

THE URBAN MEDIA SPECIALIST

Thank you for your interest in Radio One, Inc. We're glad you are considering devoting your time, energy and skills to an internship with Radio One, Inc.

The goal of our program is to provide interns with practical knowledge and hands-on experience that will enhance their education and positively influence the direction of their career goals. As an intern, you will receive hands on experience in your field of study and be provided with opportunities to network with experienced professionals.

Once again, thank you for considering Radio One, Inc. and we are looking forward to providing you with an internship experience that you will value throughout your career, enjoy your internship experience.

Human Resources Department
Radio One, Inc.

PLEASE TYPE OR PRINT IN BLACK INK

Date: _____

AREA OF INTEREST: _____ MARKET OF INTEREST: _____

NAME: Last Name _____ First Name _____ Middle Initial _____

DEMOGRAPHIC INFORMATION

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: () - - Social Security # - -

E-MAIL: _____ REFERRAL SOURCE: _____

GENDER: MALE FEMALE RACE: _____

EDUCATION INFORMATION

INSTITUTION: _____ TELEPHONE: () - -

INSTITUTION ADDRESS: _____ STATE: _____ ZIP: _____

MAJOR: _____ GPA: _____ ENROLLMENT STATUS: _____

ACADEMIC CONTACT: _____ TELEPHONE: () - - EXT: _____

SCHEDULING & AVAILABILITY

START DATE: / / END DATE: / /

SPECIFY HOURS AVAILABLE FOR EACH DAY OF THE WEEK

MON	TUE	WED	THUR	FRI	SAT	SUN
To	To	To	To	To	To	To

EMPLOYMENT INFORMATION

From	Name & Address of Employer	Salary <input type="checkbox"/> Hourly <input type="checkbox"/> Starting _____ Ending _____	Position	Reason for Leaving
To				

Duties Performed: _____

Supervisor's Name: _____ Phone: () - _____ May we contact? Yes No

From	Name & Address of Employer	Salary <input type="checkbox"/> Hourly <input type="checkbox"/> Starting _____ Ending _____	Position	Reason for Leaving
To				

Duties Performed: _____

Supervisor's Name: _____ Phone() - _____ May we contact? Yes No

I understand that any information provided by me that is found false, incomplete or misrepresented in any respect, will be sufficient cause to eliminate me from further consideration for employment, or may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ Date / /