



INTERNSHIP APPLICATION



Internship Deadlines:

Summer Semester: (mid June – mid August)

Last Monday in March

Fall Semester: (mid September – mid December)

Last Monday in July

Spring Semester: (mid January – mid April)

Last Monday in November



Internship Application

An Equal Opportunity Employer

TOUR DATE: _____ START DATE: _____ (to be completed by Internship Coordinator)

STUDENT INFORMATION

Name: _____ College/University: _____ GPA: _____

Circle One: Graduate Senior Junior Sophomore Major: _____ Graduation Date: _____

Campus Address: _____ Email: _____

_____ Campus Phone: (_____) _____

Home Address: _____ Home Phone: (_____) _____

Emergency Contact: _____ Emergency Contact # (_____) _____

INTERNSHIP AREA'S OF INTEREST

Internship opportunities are available in the following areas, hours may vary depending on the assignment and student schedule: (please indicate preference...1 being most interested and 9 being least interested).

- | | | | |
|------------------------------------------|-------------------------------------|--------------------------------------|--------------------------------------|
| Assignment Desk <input type="checkbox"/> | Sports <input type="checkbox"/> | Weather <input type="checkbox"/> | Sales <input type="checkbox"/> |
| Reporting <input type="checkbox"/> | Producing <input type="checkbox"/> | Editing <input type="checkbox"/> | Programming <input type="checkbox"/> |
| NBC17.com <input type="checkbox"/> | Production <input type="checkbox"/> | Photography <input type="checkbox"/> | Promotions <input type="checkbox"/> |

SEMESTER DESIRED

FALL SPRING SUMMMER

WEEKLY AVAILABILITY

Please note: We will try to accommodate your top schedule requests...but cannot guarantee them. (please indicate preference...1 being most interested....9 being least interested)

DAYS

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

NIGHTS

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

EDUCATION AND TRAINING

Full School Name	City	State	Major Course or Subject	Did You Graduate	If No, Est. Grad Date	Degree	GPA
High School or Preparatory				Yes <input type="checkbox"/> No <input type="checkbox"/>			
Trade School/Technical School				Yes <input type="checkbox"/> No <input type="checkbox"/>			
College				Yes <input type="checkbox"/> No <input type="checkbox"/>			



EMPLOYMENT

Were you ever employed by MG or a MG affiliated company?

Yes No

Dates Employed From:

If yes, which business?

Location?

Dates Employed To:

Are you currently subject to a non-compete or employment agreement with another employer? Yes No

Starting with your current or most recent employment, list all previous employers. Include self-employment, military service, summer and part-time jobs for at least the last ten years. Include at least your three most recent employers, if applicable. **Must be completed in full for each employer. Writing "See resume" is not acceptable.**

CONVICTIONS/SUSPENSIONS/DEBARMENTS

Have you ever been convicted of a felony? Include all pleas of "guilty" or "no contest".

Yes No
(Please Check One)

** (For WA applicants, consider conviction or release from imprisonment, whichever is more recent, within last seven years.)

Have you been convicted of or imprisoned for any type of misdemeanor within the last seven

Yes No
(Please Check One)

years? (For MA applicants, include only convictions and completed periods of incarceration within the last 5 years and exclude first offense for drunkenness, simple assault, speeding, a minor traffic violation, an affray or disturbing the peace. For WA applicants, consider conviction or release from imprisonment, whichever is more recent, within last seven years. For CA applicants, exclude information regarding (1) convictions of marijuana offenses in violation of CA Health and Safety Code Sections 11357 (b) or (c) or a statutory predecessor thereof, 11360(c) [now (b)], 11364, 11365, or 11550, as they related to marijuana prior to January 1, 1976, or a statutory predecessor thereof, which are more than two years old; and (2) any misdemeanor conviction for which probation has been successfully completed or otherwise discharged and the case has been judicially dismissed pursuant to California Penal Code Section 1203.4)

** Note: Hawaii applicants: Do not answer either of the above two questions. Applicants in AK, CA, CO, DE, IL, MD, MA, OH, OK, OR, RI, UT and VA need not disclose information pertaining to sealed or expunged conviction records.

Are you currently debarred, suspended or otherwise ineligible to work on any federally funded program?

Yes No
(Please Check One)

If **Yes** to any of the above questions, please explain fully. **This information will not necessarily bar an applicant from employment and, therefore, any uncertainty should be resolved in favor of disclosure. The nature and seriousness of the crime and date of conviction will be considered.**

SELF IDENTIFICATION

We request that you provide the following information on a voluntary basis.

SEX: Male Female

RACE/ETHNICITY:

- American Indian or Alaskan Native** (A person with origins in any of the original peoples of North America who maintains cultural identification through tribal affiliation or community recognition.)
- Asian or Pacific Islander** (A person with origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Republic and Samoa; and on the Indian Subcontinent, includes India, Pakistan, Bangladesh, Sri Lanka, Nepal, Sikkim and Bhutan.)
- Black** (An individual, not of Hispanic origin, with origins in any of the Black racial groups of Africa.)
- Hispanic** (A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race. This does not include persons of Portuguese descent or persons from Central or South America who are not of Spanish origin or culture.)
- White** (An individual, not of Hispanic origin, with origins in any of the original peoples of Europe, North Africa, or the Middle East.)



Briefly describe why you wish to undertake this internship?

Briefly describe your goals for the internship?

What expectations do you have once you're complete your internship?

What separates you from your fellow classmates?



INTERNSHIP AGREEMENT

Media General Broadcast Group

Read this agreement and then sign at the bottom.
You are entitled to a copy of this agreement.

This is an agreement among _____ (intern candidate),
_____ (school), and WNCN-TV / NBC-17, a Media General Company.

1. Upon acceptance into its internship program, the status of the intern with MGBG, will be as outlined for trainees in the Fair Labor Standards Act and nothing in this agreement or subsequent relationship shall be in any way a violation of that act.
2. MGBG may at any time in its sole discretion terminate this agreement without notice or cause.
3. The education received by the intern is for the benefit of the intern.
4. The intern will not replace or displace regular employees of MGBG.
5. The training received, even though it includes actual operation of the facilities of MGBG, is similar to that which would be given in a vocational school.
6. MGBG does not receive an immediate advantage from the activities of the intern.
7. MGBG in no way through direct statement or interference guarantees employment to the intern during, or at the conclusion of the internship program as a result of the training received or otherwise.
8. All parties involved understand that that intern is NOT ENTITLED TO WAGES or other payments for the time spent in training.
9. MGBG assumes none of the “ex loco parentis” responsibilities of any school, institute, or other educational organization with respect to the intern.
10. All rules and regulations governing MGBG employees shall apply equally to all interns and all interns will be provided with these rules and regulations either orally or in writing.
11. It is agreed among the parties that the intern while on the premises of WNCN-TV / NBC-17 or in their involvement in connection with the station is not to be considered an employee or agent of MGBG for any purposes, including but not limited to workers compensation. The intern is at all times to be considered a student of _____ (school) doing assigned work as part of his/her curriculum.
12. _____ (school) will at all times indemnify and hold MGBG harmless from and against any claim, demand and liability whatsoever that MGBG may sustain or incur by reason of or as a consequence of this internship.

The term of this internship is determined by the school and WNCN-TV / NBC-17, which begins _____ and ends _____.

_____, Intern Signature / Date

_____, College or University Advisor Signature / Date

_____, MGBG Signature / Date



VERIFICATION OF ACADEMIC CREDIT

This verifies that the student listed below qualifies to participate in the WNCN-TV Internship Program and will be eligible for course credits upon successfully completing the internship:

STUDENT'S NAME: _____

COLLEGE/UNIVERSITY: _____

NUMBER OF COURSE CREDITS GRANTED: _____

STUDENT
ADVISOR: _____

Mailing Address:

Phone Number:

(____) _____

Fax Number: () _____

E-Mail Address: _____

Advisor's Signature

Date



INTERN NEWS VEHICLE RELEASE FORM

Re: Intern Travel in News Vehicles

Ladies / Gentlemen:

I hereby release WNCN & Media General, its parent, subsidiary and affiliated companies and the officers, agents, employees and directors of each from and waive all claims, damages, losses and liabilities, including claims for personal injuries, resulting from my participation in the above-described demonstration even if the loss or injury is caused by the neglect or fault of NBC and/or its parent, subsidiary and affiliated companies and/or the officers, agents, employees and directors of any of them.

I represent that I am at least eighteen years old and currently a College intern.

Very truly yours,

X _____

Signature

Interns name (printed)

Address

City, State, Zip Code



Information Technology Group

This letter is a reminder that any nonpublic information acquired, in whatever manner and from whatever source, in the course of service for, to or on behalf of Media General, Inc. and its affiliates and subsidiaries (collectively the “Company”) is “Confidential Information” owned solely and exclusively by the Company, and is valuable, unique, proprietary and confidential. Confidential Information includes, but is not limited to, all information relating to the Company’ past, present or future business activities, pricing, research, product design or development, business opportunities, personnel and any information disclosed in confidence. Your obligation to maintain confidentiality may also be required by you or your company’s execution of a nondisclosure agreement or other agreement containing confidentiality provisions.

All confidential and proprietary information must be held in confidence and not disclosed to any other party. Any disclosure could result in irreparable harm or significant injury to the Company for which money damages will not adequately remedy. Upon termination of any services for the Company, all written or descriptive materials and documents containing any confidential information along with copies or derivations, including but not limited to machine-readable documents, must be returned or destroyed.

THE COMPANY TAKES SERIOUSLY ANY BREACH OF CONFIDENTIALITY, AND WILL TAKE ALL APPROPRIATE ACTIONS TO ENFORCE THE OBLIGATIONS DESCRIBED HEREIN.

I have read and acknowledge the above information.

Accepted and agreed to by:

X _____
(Student or intern’s signature)

(Please print your name)

(Date)