



PORT HURON MUSEUMS

1115 Sixth Street, Port Huron, Michigan 48060
810.982.0891 www.phmuseum.org 810.982.0053

Internship Application

Name _____ Date of Application _____

(Last) (First) (Middle Initial)

Address _____

Contact Phone Number _____ Email Address _____

Birth Date ____/____/____ Are you a US Citizen Yes No
(Day) (Month) (Year)

Position Applying For _____

Internship Availability

Preferred Begin Date _____ Preferred End Date _____

Preferred Hours Per Week _____

Experience

Occupational Experience

DATES	NAME & ADDRESS OF EMPLOYER	SUPERVISOR NAME & CONTACT INFO.	REASON FOR LEAVING
Begin Date:			
End Date:			

Paid Position Unpaid Position

Please state your title and details of the work you did:

DATES	NAME & ADDRESS OF EMPLOYER	SUPERVISOR NAME & CONTACT INFO.	REASON FOR LEAVING
Begin Date:			
End Date:			

Paid Position Unpaid Position

Please state your title and details of the work you did:

Educational Experience

TYPE OF SCHOOL	NAME OF SCHOOL	MAILING ADDRESS	YEARS COMPLETED	DEGREE EARNED/ MAJOR
High School				
College/University				

Employment Actions

Have you ever been disciplined, suspended, or discharged from previous employment? Yes No

Explanation _____

Criminal Record

Have you ever been convicted of a crime? Yes No Date _____ Location _____

Have you ever been convicted of a felony? Yes No Date _____ Location _____

Charge _____ Disposition _____

Explanation _____

Emergency Contact

Name _____ Relationship _____

Address _____

Primary Phone Number _____ Secondary Phone Number _____

Email Address _____

Agreement

By submitting this application, I affirm that the information set forth is true and complete. I understand that if I am accepted as an Intern, any false statements, omissions, or other misrepresentations that I have made on this application may result in my immediate dismissal.

Full Name (Please print) _____

Signature _____

Date _____

It is the policy of the Port Huron Museums to provide equal opportunities without regard to race, religion, national origin, gender, sexual preference, age, or disability.

Thank you for your interest in working with us!