



CHILDREN'S THEATRE OF CHARLOTTE

Audience Development Internship Application Form

Personal Information:

Name: _____
First Middle Last

Current Address: _____
Street Address

City State Zip

Phone/Email: _____
Best Phone Email

Emergency Contact Name _____ **Relationship:** _____

Emergency Contact Phone: _____

College or University: _____ **Major:** _____

Expected Graduation Yr: _____ **Minor:** _____

Are you using this internship to fulfill academic requirements? Yes No

If yes, Faculty Advisor Name/Dept: _____ **Phone or Email** _____

Describe your goals as the CTC Audience Development Intern and what specifically you are looking to gain from an internship with Children's Theatre of Charlotte?

List any related academic courses, jobs, skills:

Other language(s) proficiency? Yes No. **If yes, what language(s)?**

License Information

	State	License No.	Type/Class	Expiration Date
Driver's License				

- Is the above listed license(s) current valid? Yes No
- Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes No
- Has any license, permit, or privilege ever been suspended or revoked? Yes No
- Do you have regular access to a motor vehicle? Yes No

Availability

<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input checked="" type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday
<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM
<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon

On a weekday what is the earliest time you can report to work? _____

References

Please give the names of two references from your professional, personal or academic life (non-relative).

1. **Name:** _____ **Phone:** () - _____
Email: _____ **Relationship:** _____

2. **Name:** _____ **Phone:** () - _____
Email: _____ **Relationship:** _____

Additional Information:

Are you a minor (*less than 18 years old*)? Yes No If "YES," what is your age? _____

If you answer yes to any of the following four questions, please give explanation or details on the back of this sheet or on an attached page. A yes answer does not automatically preclude a candidate from engagement as an intern.

Have you ever been convicted of, plead guilty to, or no contest to a crime (including, but not limited to, felonies, misdemeanors, prayers for judgment, continuances or determinations with conditions, or driving while impaired or other serious vehicular violations)?
 Yes No

Have you ever been charged, or do currently have any criminal procedures or charges pending against you related to any sexual offense, abuse or violent act committed against or involving a minor?
 Yes No

Have you ever been suspended, dismissed, non-renewed, fired or discharged from a position of employment or volunteer service?
 Yes No

I have read this application carefully and certify that all information contained in this application and any attachments to it are true and complete to the best of my knowledge. I hereby authorize my previous employers to provide all information that they may have concerning my past employment. I further release Children’s Theatre of Charlotte, its Board Members, employees or other agents of and from any potential liability arising from such investigation and inquiries of the above information, including any criminal background check requirements.

I understand that any omission of fact or misleading information given in this application for internship, any attachments to it, or in my interview(s) may result in the denial of my engagement as an intern, the withdrawal of any offer of engagement as an intern, or suspension or discharge from any position, as applicable.

Interested applicants should submit the following by mail, email or fax.

- Cover letter
- CTC Intern Application found at www.ctcharlotte.org/jobs.html.
- Résumé
- Two References
- Any paperwork for earning college credit

RETURN THIS FORM TO:

CHILDREN’S THEATRE OF CHARLOTTE
300 E. 7th Street
CHARLOTTE, NORTH CAROLINA 28202
ATTN: Human Resources
Humanresources@ctcharlotte.org
Fax: 704.973.2850

The Children’s Theatre of Charlotte is an Equal Employment Opportunity Employer. As such, in compliance with and as required by federal and state law all applicants are considered without regard to race, color, religion, national origin, sex, age or disability.

Signature: _____ Date: _____
If submitting by email, type you name in the signature line and click here