

MikeLemonCasting

Mike Lemon, CSA

Intern Application

Name _____ Date _____

Home Phone _____ Work Phone _____ Pager _____

Cell Phone _____ Fax _____ Email _____

Address _____

City _____ State _____ Zip _____

YOUR AVAILABLE HOURS

Mondays	Tuesdays
Wednesdays	Thursdays
Fridays	Saturdays

Why do you want an internship with MikeLemonCasting?

What work skills do you bring to the table?

When would you be able to start?

Have you ever had an internship/externship before? If yes, where?

What phone number would be best to call to set up an interview?

Thanks again for your interest in an internship!

Mail this completed form to:

MikeLemonCasting
Attn.: Adrienne Covington
Intern Director
413 North 7th Street, Suite 602
Philadelphia, PA 19123
Phone: 215-627-8927 ext. 112

NOTE: We have a set amount of internships available. We will hold your application on file if there are currently no openings.

Please note any references on the back of this form