



Internship Application

Name: _____ D.O.B _____ (mm/dd/yy)
(Last) (First) (MI)

Address: _____
(Street) (City) (Zip)

Home Phone: (_____) _____ Work Phone: (_____) _____

Email Address: _____

I am applying for the: Fall / Spring / Summer / Winter Internship (circle one)

Date you can start: _____ Date when you need to be done _____

What year in school are you: _____

What is your major: _____

Why do you want to intern at SMG3: _____

What type of Internship are you looking for: _____

Aside your regular intern hours, will you be able to participate in SMG3 events (one each QTR, for example Team Week): _____

Please identify what hours and day you can work:

Day	AM	PM
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Student Signature _____

Date: _____



Once form has been completed, please email careers@smg3.com with your complete form. If we feel you are a good fit for SMG3, we will invite you to a short interview.