



APPLE VALLEY BROADCASTING, INC.
P.O BOX 10208 ♦ 1610 S. 24th AVENUE
YAKIMA, WA 98909-1208

INTERNSHIP APPLICATION

Name _____ S.S.# _____
(please print) Last First Middle

Address _____ Phone: _____
Street City State Zip

School _____ Major: _____

Teacher/Reference _____ Phone# _____

Department Desired _____

Availability Date From _____ To _____ Hours Per Day _____

Weekdays not available: _____

Give a brief statement of your ultimate Career Objective:

FOR STATION USE ONLY

Date HR spoke with Department Head: _____

Accepted: ___Yes ___No

Signed: _____
Department Head

Signed: _____
Internship Co-ordinator