

ACTORS TRAINING CENTER AT THE WILMETTE THEATRE

INTERNSHIP APPLICATION

(Print Clearly)

Name: _____

Home Address: _____

Zip Code: _____

Email: _____

Phone: _____

WORK HISTORY

(or attach a resume)

*If you do not have a work history, please include volunteer work, school organizations and other positions of responsibility

Organization & Job Title: _____ Dates Employed: _____

Organization & Job Title: _____ Dates Employed: _____

Organization & Job Title: _____ Dates Employed: _____

HIGHEST LEVEL OF EDUCATION? (please circle)

High School Junior High School Senior Associates Bachelors Masters Other _____

INTERNSHIP DETAILS

****All internships are unpaid.****

Desired Session: _____ JANUARY--APRIL _____ MAY--AUGUST _____ SEPTEMBER--DECEMBER

(application due by 11/15)

(application due by 3/31)

(application due by 7/31)

AREAS OF INTEREST(check all that apply):

- ___ Office/Administrative
- ___ Photo/Video/Social Media
- ___ Teaching Assistant (summer only)
- ___ Production (check all that apply)
 - ___ Set
 - ___ Costumes & Props
 - ___ Sound
 - ___ Lights & Projections
 - ___ Assistant Stage Manager
 - ___ Assistant Production Manager

SKILLS (check all that apply):

- ___ Mac
- ___ PC
- ___ Microsoft Word
- ___ Microsoft Excel
- ___ Microsoft Powerpoint
- ___ Photography/Videography
- ___ Photo/Video Editing
- ___ Proofreading
- ___ Script Analysis
- ___ Teaching/ Good with children

Return completed form to: Actors Training Center, 1122 Central Ave, Wilmette, IL 60091
info@actorstrainingcenter.com

PERSONAL STATEMENT

Please attach a personal statement answering the following three questions:

1. Why are you interested in interning at the Actors Training Center?
2. What skills are you hoping to gain/develop by interning at ATC?
3. What unique skills and passions would you bring to an ATC internship?

REFERENCES

Name: _____	Relationship: _____
Email: _____	Phone: _____
Name: _____	Relationship: _____
Email: _____	Phone: _____

Have you ever pled “guilty” or “no contest” to, or been convicted of a crime? Yes No

If yes, please provide date(s) and details:

Applicant Statement (DO NOT SIGN UNTIL YOU HAVE READ THE BELOW APPLICANT STATEMENT)

I certify that all information I have provided in order to apply for and secure an internship with Actors Training Center (ATC) is true, complete and correct. I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (I) cancel further consideration of this application, or (II) immediately disqualify me from my internship.

I expressly authorize, without reservation, ATC, its representatives, employees or agents to contact and obtain information from all references, employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in their application. I hereby waive any and all rights and claims I may have regarding ATC, its agents, employees or representatives, for seeking, gathering and using such information in the internship process and all other persons, corporations or organizations for furnishing such information about me, as provided by section 7 of the Illinois Personal Record Review Act, 820ILCS 40/7.

I understand that ATC does not unlawfully discriminate its internships and no questions on this application are used for the purpose of limiting or excusing any applicant from consideration for an internship on the basis prohibited by applicable local, state or federal law.

As an intern, I understand ATC reserves the right to terminate my internship at any time, with or without cause and prior notice, except as may be required by law.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ Date _____

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