

NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ PERMANENT ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

COLLEGE OR UNIVERSITY \_\_\_\_\_

MAJOR \_\_\_\_\_ MINOR \_\_\_\_\_

GPA \_\_\_\_\_ GPA IN MAJOR \_\_\_\_\_ ESTIMATED GRADUATION DATE \_\_\_\_\_

WILL YOU RECEIVE CREDIT(S) FOR YOUR INTERNSHIP? IF SO PLEASE ATTACH YOUR SCHOOL'S REQUIREMENTS,  
INCLUDING NUMBER OF HOURS REQUIRED \_\_\_\_\_

SPECIAL SKILLS YOU COULD BRING TO MARKETING STRATEGIES \_\_\_\_\_

**PERSONAL REFERENCES**

1. NAME \_\_\_\_\_ PHONE \_\_\_\_\_

TYPE OF BUSINESS \_\_\_\_\_ YEARS ACQUAINTED \_\_\_\_\_

2. NAME \_\_\_\_\_ PHONE \_\_\_\_\_

TYPE OF BUSINESS \_\_\_\_\_ YEARS ACQUAINTED \_\_\_\_\_

**EMERGENCY CONTACTS**

1. NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

2. NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

3. NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE (FELONY OR SERIOUS MISDEMEANOR)?  
(CONVICTIONS FOR MARIJUANA-RELATED OFFENSES THAT ARE MORE THAN TWO YEARS OLD NEED NOT BE  
LISTED.)  Yes  No

IF YES, STATE NATURE OF THE CRIME(S), WHEN AND WHERE CONVICTED, AND DISPOSITION OF THE CASE.

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, date of the offense, the surrounding circumstances, and the relevance of the offense to the position(s) applied for may, however, be considered.)

1. What are your areas of interest and identify the skills and activities you believe you are qualified to perform?

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2. What are your career goals and what experiences would you like to gain during your internship to aid you in pursuing these goals?

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**PLEASE READ CAREFULLY, INITIAL EACH PARAGRAPH AND SIGN BELOW**

\_\_\_\_\_ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for an internship and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure an internship shall be grounds for rejection of this application or for immediate discharge if I am a present intern, regardless of the time elapsed before discovery.

\_\_\_\_\_ I hereby authorize Marketing Strategies, Inc. to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

**APPLICANT'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**DOCUMENTS REQUIRED:**

1. Internship application.
2. Specific University requirements (if applicable).
3. Current resume.
4. Two letters of recommendation addressing your candidacy for the internship.
  - a. One letter from a teacher or academic advisor at your University.
  - b. One letter from an individual who addresses your motivation and direction in marketing or advertising.

**TO APPLY, SEND ALL FORMS AND ATTACHMENTS TO:**

Marketing Strategies, Inc.  
Principles<sup>SM</sup>  
Attn: Human Resources  
4603 Oleander Drive, Suite 4  
Myrtle Beach, SC 29577  
(843) 692-9662  
MarketingStrategiesInc.com