MPB offers internships at its office located in Jackson, Mississippi. MPB offers internships to students enrolled in any institution of higher learning or a vocational/trade school. MPB’s internship program is specifically designed to provide training and experience for students interested in public broadcasting. MPB internships are non-salaried, unless otherwise indicated.

**Internship Positions Available:**

Internship opportunities are available in most departments of the agency. The Internship Opportunities section on MPB’s website lists the specific internships available at MPB. This section may be viewed on MPB’s website, www.mpbonline.org.

**Eligibility:**

A candidate must be a graduate student, an undergraduate student, or have graduated from college within 12 months of beginning the internship.

**General Information:**

Internships are offered during the Summer, Fall, and Winter/Spring semesters. Interns may receive academic credit, if an agreement is made between the MPB Human Resources Department and the intern’s college or university. All interns are subject to the applicable MPB employee rules.

**Application Procedures:**

Candidates must complete an application form and submit it with their resume. Some internship positions require additional application items, such as a writing sample. All application items must be submitted as a complete package. Incomplete applications will not be reviewed.

**Mail or Scan/Email Applications to:**

Mississippi Public Broadcasting – Internship Program  
Attn: Dr. Marvin H. Jeter, III, Chief of Staff  
3825 Ridgewood Road  
Jackson, MS 39211  
Email: Internships@mpbonline.org

**Where to Go for Further Information:**

MPB’s Website: www.mpbonline.org  
Or email: marvin.jeter@mpbonline.org

*MPB is an Equal Opportunity Employer.*
INTERNSHIP APPLICATION FORM

MPB is an equal employment opportunity employer. Discrimination because of an individual’s race, color, religion, sex, handicap, or national origin is prohibited.

To be considered for an internship, you must submit a signed and completed application form along with your resume. Please refer to the Internship Opportunities section in the Employment Section of our website (www.mpbonline.org) to determine if additional application items, such as a writing sample, are required. All application items must be submitted as a complete package.

Incomplete applications may not be considered.

Name of Applicant: ____________________________________________________________

First Name       Middle Initial       Last Name

Internship(s) of Interest:

Education: Early Childhood
Education: e-Learning
Audio/Media/Content
Video: 3-5 Curriculum
Communications: Branding
Communications: Web Design
Communications: Copywriting
Technical Services
Human Resources
Video: Archives
Other: __________________________

Educational History:

<table>
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<tr>
<th>TYPE OF SCHOOL</th>
<th>NAME &amp; LOCATION</th>
<th>DEGREE</th>
<th>MAJOR</th>
<th>DATE</th>
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<tbody>
<tr>
<td>High School</td>
<td>__________________</td>
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<tr>
<td>College</td>
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<tr>
<td>University</td>
<td>__________________</td>
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</tr>
</tbody>
</table>

Scholastic Honors and/or Licenses: ______________________________________________________

Are you requesting college credit hours for your internship? ______ Semester available: __________________

Community/Professional organizations, honors, and awards: ______________________________________________________

Experience/activities relevant to the internship(s) for which you are applying: ______________________________________________________

Your Mailing Address: ______________________________________________________________________

Primary Phone Number: __________________ Alternate Phone Number: __________________

E-mail Address: __________________________________________________________________________
School Name: ____________________________
School Address: ____________________________

Why would you like to work as an MPB intern?

__________________________________________________________________________________________

Are you legally eligible to work in the U.S.? ______ If you are not a U.S. Citizen, list any restrictions on your eligibility for employment: ____________________________

Work History: (Includes paid, volunteer, and intern positions)

Most Recent Employer: ____________________________ Phone Number: ____________________________
Address: ______________________________________
Supervisor’s Name & Title: ____________________________
Position Title: ____________________________ Start Date: ____________ End Date: ____________
Description of Duties: ____________________________

Additional Employer: ____________________________ Phone Number: ____________________________
Address: ______________________________________
Supervisor’s Name & Title: ____________________________
Position Title: ____________________________ Start Date: ____________ End Date: ____________
Description of Duties: ____________________________

References:

Reference #1: Name: ____________________________ Telephone Number: ____________________________
Company/School: ______________________________________
Relationship: ______________________________________ Known How Long: ____________

Reference #2: Name: ____________________________ Telephone Number: ____________________________
Company/School: ______________________________________
Relationship: ______________________________________ Known How Long: ____________

Reference #3: Name: ____________________________ Telephone Number: ____________________________
Company/School: ______________________________________
Relationship: ______________________________________ Known How Long: ____________
To meet the requirements of the Federal Communications Commission, MPB needs to collect information on the questions below for reporting purposes only. This information will not be used for making employment decisions. Your response is OPTIONAL and voluntary.

Sex: _________________________________ Ethnic Origin: _________________________________

Check any of the following which apply to you:

_____ Vietnam Era Veteran       _____ Disabled Veteran       _____ Handicapped

I certify that all of the statements in this application are true and complete to the best of my knowledge. I understand that a false or incomplete answer may be grounds for not considering me or for my dismissal.

Signature ___________________________ Date ___________________________

For College Credit:

_________________________________________  _______________________________________

Student’s Signature                      Date

_________________________________________  _______________________________________

Department Chairman’s Signature          Date