

Internship Application Packet

RADIO STATIONS



WELCOME

Dear Intern Applicant:

Thank you for your interest in the RADIO ONE internship program.

Our internship program offers a unique and exciting opportunity to experience the day-to-day activities of the radio stations. This program will enable you to:

- Receive hands-on education and training on the planning, coordination and execution of the radio business.
- Become informed and educated on the day-to-day operations of running a commercial radio station.
- Become inspired on the effectiveness and influence of radio in public community.
- Establish industry contacts and relationships for your future broadcast career.
- Receive educational/college credit earned towards your internship.

Internships are offered year round and are divided into quarterly sessions.

These internships are available to students who meet the following requirements:

- Student must be at least 18 years of age:
- Have an interest in media broadcasting.
- Enrolled in a local college or university program for the specific purpose of gaining school credits or grades toward a degree
- Flexible schedule to meet the needs of the station
- Dress appropriate for professional work environment
- Possess a positive and professional attitude.

Please take the time to review this information packet. Inside you will find all necessary information regarding the internship program.

Good luck!

INTERN APPLICATION CHECKLIST

To apply for a position in the RADIO ONE Internship Program all applicants must submit the following completed materials:

1. Internship Application Form.
2. Internship Interest Form.
3. Statement of Interest.
4. Internship Availability Form.
5. Current Resume.
6. Letter from your college or university (on school letterhead) stating that you are currently enrolled and **will be receiving college credit or grades** as a result of your internship.
7. Current Transcript (OCB students may submit an official school progress report signed by a school official).

Completed Application and attachments should be sent to:
Radio One - Cincinnati Internship Program
705 Central Ave. Ste 200, One Centennial Plaza
Cincinnati, OH 45202
Attention: Tomeka Kullum

Internship Agreement and Internship Program Confidentiality Clause will be required upon acceptance of an internship with Radio One Cincinnati.

NOTE: All materials #1-7 must be included at the time of application and submitted to the person indicated above. Radio One will process your application following submission of all the items indicated above. **All incomplete applications will not be processed and will not be considered for internship.**

Winter 2009 Quarter/Semester: January – March
Spring 2010 Quarter/Semester: April – June
Summer 2010 Quarter/Semester: June – August
Fall 2010 Quarter/Semester: September - November

INTERNSHIP APPLICATION

PLEASE PRINT OR TYPE

TODAY'S DATE: _____

FULL NAME: _____

RESIDENCE ADDRESS _____

CITY / STATE / ZIP _____

CONTACT PHONE NUMBER _____

PARENTS/GUARDIAN NAME _____

PARENTS/GUARDIAN ADDRESS _____

PARENTS/GUARDIAN CONTACT PHONE NUMBER _____

EMERGENCY CONTACT NAME / ADDRESS / NUMBER:

NAME _____ ADDRESS _____ PHONE _____

NAME _____ ADDRESS _____ PHONE _____

SCHOOL CURRENTLY ATTENDING _____

ADDRESS OF SCHOOL _____

SCHOOL PHONE NUMBER _____

ACADEMIC ADVISOR NAME _____

ACADEMIC ADVISOR CONTACT NUMBER _____

MAJOR _____ MINOR _____

ENROLLMENT STATUS [circle one] FRESHMAN SOPHOMORE JUNIOR SENIOR

EXPECTED GRADUATION DATE _____

INTERNSHIP REQUESTED: FALL WINTER SPRING SUMMER

INTERNSHIP INTEREST FORM

Please mark your areas of interest by ranking them from 1-3

1 = most importance 3 = least importance

RADIO STATIONS

_____ WIZF 100.9

_____ WDBZ 1230

_____ WMOJ 100.3

DEPARTMENTS

___ Marketing / Promotions Department

___ Programming Department

___ Web Services Department

List school/college courses taken applicable to your areas of interest:

AVAILABILITY FORM

Internship Requested: Fall Winter Spring Summer

Length of time for your internship:

Beginning: _____

Ending: _____

NUMBER OF HOURS AVAILABLE PER DAY

MONDAY FROM _____ O'CLOCK UNTIL _____ O'CLOCK = TOTAL _____

TUESDAY FROM _____ O'CLOCK UNTIL _____ O'CLOCK = TOTAL _____

WEDNESDAY FROM _____ O'CLOCK UNTIL _____ O'CLOCK = TOTAL _____

THURSDAY FROM _____ O'CLOCK UNTIL _____ O'CLOCK = TOTAL _____

FRIDAY FROM _____ O'CLOCK UNTIL _____ O'CLOCK = TOTAL _____

SATURDAY FROM _____ O'CLOCK UNTIL _____ O'CLOCK = TOTAL _____

SUNDAY FROM _____ O'CLOCK UNTIL _____ O'CLOCK = TOTAL _____

TOTAL HOURS PER WEEK _____

Application for Employment

Please Print



Radio One, Inc.
 Radio One of Texas, L.P.
 Radio One of Indiana, L.P.
 Blue Chip Broadcasting, LTD

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Position(s) applied for _____ Date of application ____ / ____ / ____
 Name _____ Social Security # ____ - ____ - ____
Last First Middle
 Address _____
Street City State Zip Code
 Telephone # (____) _____ Mobile/Beeper/Other # (____) _____ E-mail Address _____

Referral Source (How did you hear about us?) _____

If you are under 18, and it is required, can you furnish a work permit?..... Yes No

If **no**, please explain _____

Have you ever been employed here before? If **yes**, give dates and positions _____ Yes No

Are you legally eligible for employment in this country?..... Yes No

Date available for work..... ____ / ____ / ____ What is your desired salary range?.....\$ _____

Type of employment desired Full-Time Part-Time Temporary Seasonal Educational Co-Op

Driver's license number if driving may be required in position for which you are applying _____ State _____
 Answering "yes" to the following questions does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

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 _____

Employment History

Starting with your most recent employer, provide the following information.

Employer _____ <small>Telephone # (____) _____</small>	Dates employed: _____ to _____ <small>Month / Year to Month / Year</small>
Street address _____ <small>City State</small>	Compensation (Starting) <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per
Starting job title/final job title _____	Commission/Bonus/Other Compensation \$ _____
Immediate supervisor and title (for most recent position held) _____	Compensation (Final) <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per
Why did you leave? _____ <small>May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later</small>	Commission/Bonus/Other Compensation \$ _____
Summarize the type of work performed and job responsibilities. _____	
What did you like most about your position? _____	
What were the things you liked least about the position? _____	

Employer _____ <small>Telephone # (____) _____</small>	Dates employed: _____ to _____ <small>Month / Year to Month / Year</small>
Street address _____ <small>City State</small>	Compensation (Starting) <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per
Starting job title/final job title _____	Commission/Bonus/Other Compensation \$ _____
Immediate supervisor and title (for most recent position held) _____	Compensation (Final) <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per
Why did you leave? _____ <small>May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later</small>	Commission/Bonus/Other Compensation \$ _____
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Street address _____ <small>City State</small>	Compensation (Starting) <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per
Starting job title/final job title _____	Commission/Bonus/Other Compensation \$ _____
Immediate supervisor and title (for most recent position held) _____	Compensation (Final) <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per
Why did you leave? _____ <small>May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later</small>	Commission/Bonus/Other Compensation \$ _____
Summarize the type of work performed and job responsibilities. _____	
What did you like most about your position? _____	
What were the things you liked least about the position? _____	

Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying.

Computer Skills (Check appropriate boxes. Include software titles and years of experience.)

- Word Processing _____ Years: _____ E-mail _____ Years: _____
 Spreadsheet _____ Years: _____ Internet _____ Years: _____
 Presentation _____ Years: _____ Other _____ Years: _____

Educational Background

Starting with your most recent school attended, provide the following information.

School (include City & State)	Years Completed	Completed	GPA (Class Rank)	Major/Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		

References

List name and telephone number of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are *not* related to you.

Name	Title	Relationship (School, etc.)	Telephone	Number of Years Known
			()	
			()	
			()	

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resumé or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

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) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

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

Signature of Applicant _____ Date ____/____/____

GLOBAL

INVESTIGATIVE SERVICES, INC
Your Employment Screening Specialist

Please check the appropriate search
being conducted:

Criminal MVR Credit SSV
 Emp. Ver. Edu. Ver Per Ver
 Pro Lic Work Comp Other

Background Search Authorization and Disclosure Statement

FIRST NAME MIDDLE NAME LAST NAME

MAIDEN NAMES (if used in the past 7 years)

HOME ADDRESS

CITY COUNTY STATE ZIP CODE

TELEPHONE NUMBER SOCIAL SECURITY NUMBER DATE OF BIRTH

RACE SEX DRIVER'S LICENSE NUMBER / STATE ISSUED

I, _____, authorize Global Investigative Services, Inc. (Agency), and/or its agents to perform a background investigation, which may include information concerning my character, employment history, general reputation, personal characteristics, police record, education, qualifications, motor vehicle record, mode of living, and/or credit and indebtedness in connection with my application for and/or continued employment with the *Company. A background investigation may be obtained at any time during the application process or during my employment with the *Company. A background investigation report containing injury and illness records and medical information may be obtained after a tentative offer of employment has been made.

I understand that the above stated information is being requested in order to facilitate the background investigation and shall not be used in connection with the employment application, except as legally permissible. I hereby release Global Investigative Services, Inc. and it's employees from any responsibility or claim arising from the background search results regardless of the effect on my eligibility for any job or position.

APPLICANT'S SIGNATURE TODAY'S DATE

Notice to California Residents:

If you would like to receive a copy of your background information obtained by Global Investigative Services, please indicate by checking the following box:

I hereby certify that in accordance with the Fair Credit Reporting Act (Public Law 91-508) the information requested above will be used for "permissible purpose" as defined in the Act.

I hereby certify that the applicant named above will receive identification of sources of such information, which results in denial of employment.

COMPANY REQUESTING SEARCH AUTHORIZATION SIGNATURE

1109 Spring Street • Suite 401 • Silver Spring, Maryland 20910
(301) 589-0088 • Fax (301) 589-6055
1-800-589-6595

BACKGROUND INFORMATION CONTINUED

PLEASE LIST YOUR PREVIOUS ADDRESSES FOR THE PAST SEVEN YEARS.
INCLUDE ALL INFORMATION.

DATES FROM/TO	STREET ADDRESS	CITY	COUNTY	STATE	ZIP CODE
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DATES FROM/TO	STREET ADDRESS	CITY	COUNTY	STATE	ZIP CODE
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DATES FROM/TO	STREET ADDRESS	CITY	COUNTY	STATE	ZIP CODE
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DATES FROM/TO	STREET ADDRESS	CITY	COUNTY	STATE	ZIP CODE
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FIRST NAME	MIDDLE NAME	LAST NAME
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DATE OF BIRTH

SOCIAL SECURITY NUMBER