

Internship Application

Norton Simon Museum of Art
411 West Colorado Blvd., Pasadena, CA 91105
tel: 626.449.6840, fax: 626.844.6994, email: internapp@nortonsimon.org

Please type in the appropriate information below. Then, print the form and mail it to the above address. Attach additional sheets if necessary.

- I am applying for **Summer Museum Education Internship:** college seniors, recent college graduates or current graduate students, 10-week program
 Academic Internship: graduate students, 9 month program

Personal Information:

Last Name:

First Name:

Middle Name:

Current Contact Information:

Address

City

State

Zip

Phone Number

Email Address

Country of Citizenship

Current Contact Info Valid Until (DD/MM/YY)

Permanent contact information:

Please click if same as above

Address

City

State

Zip

Phone Number

Email Address

Department: Please select up to two areas of interest for your internship. All applicants must attach a writing sample (minimum 1,000 words).

Curatorial

Registration / Registrar's Office

Education

Administration

Exhibit Preparation

Conservation

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High School Education: List the high school from which you graduated.

High school name Country

Address City State Zip

College Education: List the colleges and universities that you are currently attending or have previously attended.

College/University name Country

Address City State Zip

Advisor/Department Head Telephone number

Type of degree or diploma Date of graduation

Area of study

College/University name Country

Address City State Zip

Advisor/Department Head Telephone number

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Describe any related research projects in which you were involved:

Skills:

Primary/native language:

Secondary languages (*please note if fluent or limited*):

Computer & software knowledge:

Other relevant skills:

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Previous Experience: Please list previous work experience and/or internships.

Name of organization Dates of service

Address City State Zip

Telephone Number

Job title and primary duties:

Name of organization Dates of service

Address City State Zip

Telephone Number

Job title and primary duties:

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Name of organization

Dates of service

Address

City

State

Zip

Telephone Number

Job title and primary duties:

References: Please list three persons with whom you have studied or worked who will serve as references. Please attach or have forwarded to the Museum at least one academic letter of recommendation.

Name 1

Institution

Title/Position

Telephone number & E-mail address

Name 2

Institution

Title/Position

Telephone number & E-mail address

Name 3

Institution

Title/Position

Telephone number & E-mail address

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Your Interest: Please state what you would like to achieve during your Internship and what about the Norton Simon Museum specifically appeals to you.

Declaration:

I understand that:

- If accepted into the Internship Program, I agree to abide by all current and future policies, rules and regulations of the Norton Simon Museum ("Museum").
- I further agree that my work in the Internship Program is at-will and can be terminated with or without cause and with or without notice, at any time, at the option of the Museum or myself.
- Proof of my identity and proof of my authorization to work in the United States must be given in accordance with the Immigration Reform and Control Act of 1986 and any amendments thereto.
- In making this application for the Internship Program, the Museum is hereby authorized to make any investigation of my financial and credit record through any investigative or credit agencies or bureaus of its choice.
- It is my understanding that interns do not receive vacation pay, life insurance, or health and long-term disability insurance benefits. It is my further understanding that any intern stipend I receive will generally be subject to federal and state of California income taxes.

I authorize my educational institutions, employers and other individuals to give information concerning me, whether or not it is on their records, and I release them and their companies from any liabilities whatsoever.

I certify that all my statements given on this application are correct, and realize that falsification, misrepresentation, or material omission of information of this or any other personal record may result in the withdrawal of any offer made or in my discharge.

Signature

Date