



Internship Application

Norton Simon Museum
411 West Colorado Blvd., Pasadena, CA 91105
Tel: 626.449.6840, Fax: 626.844.6994
Email: Intern_application@nortonsimon.org (Graduate Internship, Curatorial Department)

Please type in the appropriate information below.

I am applying for Graduate Internship, Curatorial Department: Graduate students, 9-month program

Personal Information:

Last Name First Name Middle Name

Current Contact Information:

Address City State Zip

Phone Number Email Address

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

Permanent Contact Information: *Please Click if Same as Above*

Address City State Zip

Phone Number Email Address



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

College/University Name		Country	
Address	City	State	Zip
Type of Degree or Diploma		Date of Graduation	
Area of Study			

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Address	City	State	Zip
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Skills:

Language Proficiency:

Computer and 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

Supervisor Name and Title

Job Title and Primary Duties:

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Supervisor Name and Title

Job Title and Primary Duties:



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Name of Organization		Dates of Service	
Address	City	State	Zip
Supervisor Name and Title			
Job Title and Primary Duties:			

References: *Please list three persons with whom you have studied or worked who will serve as references.*

Name 1	Institution
Title/Position	Telephone Number & Email Address
Name 2	Institution
Title/Position	Telephone Number & Email Address
Name 3	Institution
Title/Position	Telephone Number & Email Address



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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