

# CBS NEWS

## INTERN FELLOWSHIP APPLICATION

Date:					
Name:					
Personal Address:					
City, State, Zip:					
Cellular Number:					
Email:					
Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No			Are you legally authorized to work in the US? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever applied to or been employed by CBS or its business units? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where and when?			Will you now or in the future require sponsorship for employment visa status? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you related to anyone employed by CBS or its business units? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, please indicate name and relationship.		
How were you referred to us? (check one and indicate name of source below):					
<input type="checkbox"/> Internet/Job Board <input type="checkbox"/> Employee Referral <input type="checkbox"/> College/University <input type="checkbox"/> Recruiting Event <input type="checkbox"/> Agency <input type="checkbox"/> Other					
Name of referral source:					
University:					
Major/GPA:					
Current Status:	Freshman	Sophomore	Junior	Senior	Graduate Student
Assignment Preference(s)	48 Hours	Evening News/Weekend News		Newspath	
	60 Minutes	Investigative Unit		Political Unit	
	Broadcast Marketing	National Desk		Radio News	
	CBS This Morning	News Marketing		Sunday Morning	
<b><i>For office use only</i></b>					
Application <input type="checkbox"/>	Resume <input type="checkbox"/>	Essay <input type="checkbox"/>	Pitches <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Transcript <input type="checkbox"/>	Rec Letters <input type="checkbox"/> <input type="checkbox"/> College Letter <input type="checkbox"/>

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