



THAT'S MY DAD PROJECT
INTERNSHIP APPLICATION

Personal Information

NAME _____

AGE _____ GENDER _____

CITY OF RESIDENCE _____

EMAIL _____

PHONE NUMBER _____

Education

HIGH SCHOOL _____ CITY/STATE: _____

GRADUATE? ☐ YES ☐ NO

COLLEGE _____ CITY/STATE: _____

GRADUATE? ☐ YES ☐ NO DEGREE: _____

Employment History

EMPLOYER _____ DATES EMPLOYED _____

EMPLOYER _____ DATES EMPLOYED _____

EMPLOYER _____ DATES EMPLOYED _____

EMPLOYER _____ DATES EMPLOYED _____

3 References

NAME _____

NUMBER _____ TITLE _____

RELATIONSHIP TO YOU _____

NAME _____

NUMBER _____ TITLE _____

RELATIONSHIP TO YOU _____

NAME _____

NUMBER _____ TITLE _____

RELATIONSHIP TO YOU _____

After your application is complete:
email it to podcast.thatsmydad@gmail.com.

A member of our team will be in touch with you within 48 hours.

