

# APPLICATION

DUE BY NOVEMBER 1, 2019

The Internship is effective from January 2, 2020 to August 31, 2020, requiring 12 hours per week. The stipend is \$4,500, paid in four installments.

Please print this application form and type or clearly print your responses. If additional space is needed, please attach additional page(s). Applications and resumes can be submitted via mail or email, or completed and submitted online at <u>www.museumoftolerance.com/ArchivesInternship</u>.

| Date:                         |         |      |        |
|-------------------------------|---------|------|--------|
| Name (Last Name, First Name): |         |      |        |
| Address:                      |         |      |        |
| City:                         | State:  | Zip: |        |
| Primary Phone: ()             |         | _    |        |
| Email Address:                |         |      | _      |
| EDUCATION                     |         |      |        |
| Graduate Studies              |         |      |        |
| College/University:           |         |      |        |
| City:                         |         |      | State: |
| Graduation (Month/Year):      | Degree: |      |        |
| Concentration:                |         |      |        |

| Undergraduate Studies                    |  |        |
|--|--|--------|
| College/University:                      |  |        |
| City:                                    |  | State: |
| Graduation (Month/Year):                 | Degree:                                |        |
| Major:                                   | Minor:                                 |        |
|  | r Society, Dean's List, Scholarships): |        |
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|  |  |        |
|  |  |        |
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| Skills:                                  |  |        |
|  |  |        |
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|  |  |        |
|  |  |        |
| Please list any foreign languages you sp | eak or read fluently                   |        |

#### EXPERIENCE

(Work, Internships, Volunteer)

| 1. | Start Date:       | End Date: |
|----|-------------------|-----------|
|    | Organization:     |           |
|    | Address:          |           |
|    |                   |           |
|    |                   |           |
|    |                   |           |
|    |                   |           |
| 2. | Start Date:       | End Date: |
|    |                   |           |
|    |                   |           |
|    |                   |           |
|    |                   |           |
|    |                   |           |
|    |                   |           |
| 3. | Start Date:       | End Date: |
|    |                   |           |
|    | Address:          |           |
|    |                   |           |
|    |                   |           |
|    | Responsibilities: |           |
|    |                   |           |

#### REFERENCES

(Work/Internship/Volunteer Supervisor)

| 1. | Name:           |
|----|-----------------|
|    |                 |
|    | Title:          |
|    | Organization:   |
|    | Organization:   |
|    | Phone: ()Email: |
|    |                 |
|    |                 |
|    |                 |
| 2. | Name:           |
|    | Title           |
|    | Title:          |
|    | Organization:   |
|    |                 |
|    | Phone: ()Email: |
|    |                 |
|    |                 |
|    |                 |
| 3. | Name:           |
|    | Title:          |
|    | Title:          |
|    | Organization:   |
|    |                 |
|    | Phone: ()Email: |

| How did you learn of this internship opportunity? |                    |                 |                    |                    |                  |
|---|--------------------|-----------------|--------------------|--------------------|------------------|
|   |                    |                 |                    |                    |                  |
|   |                    |                 |                    |                    |                  |
| The Archive                                       | are open Monday th | rough Thursday, | , 9:00 a.m. to 5:0 | 0 p.m. What is you | ır availability? |
|   |                    |                 |                    |                    |                  |

Please add any additional information you would like us to know in considering your application.

| Please attach your resume and submit your application by November 1, 2019 |  |                         |  |
|---|--|-------------------------|--|
| VIA MAIL:   | Archivist, Simon Wiesenthal Center           |                         |  |
|   | 1399 S. Roxbury Dr., Los Angeles, CA 90035   | FOR MORE INFORMATION:   |  |
| ONLINE:   | www.museumoftolerance.com/ArchivesInternship | 310-772-7605 or         |  |
| VIA EMAIL:  | archives@wiesenthal.com                      | archives@wiesenthal.com |  |
|   |  |                         |  |
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