



Summer Jobs & Careers Program
Funded by the American Recovery & Reinvestment Act
EMPLOYER INTERNSHIP REQUEST FORM

BUSINESS INFORMATION

Business Name _____

Business Address _____

CONTACT PERSON

Name _____

Title/Department _____

Telephone Number _____ **Fax** _____

E-mail _____

Brief Description of Your Business

INTERNSHIP INFORMATION

Internship Position Title _____

Internship Length (# of weeks/months) _____

Total Hours Per Week _____ **Pay Rate** _____

Description of Internship Position Responsibilities

Preferred Skills/Experience

Special Considerations

By submitting this form, you are indicating your project commitment.

CONTACT INFORMATION

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