



Internship Program Employer Request Form

Employer Information:

Company Name:

Address: _____ **City:** _____ **State:** _____ **Zip** _____

Phone: _____ **Fax:** _____

Contact Person: _____ **Title:** _____

Email address:

Internship Position Title:

Number of Openings:

Work Location:

Hours Per Week: _____ **Paid Postion?** **Yes** If YES, Pay Range: _____ **No**

Requested Start Date: _____ **Length of Internship:** Ongoing _____ 1 Semester _____

Work Schedule: Days _____ Nights _____ Weekends _____

Must Receive College Credit? Yes _____ No _____

Willing to Provide Tuition Assistance Now or in the Future? Yes _____ No _____

Job Description:

Qualifications:

Minimum GPA: _____ **Program of Study:** _____

Personal Transportation Required? Yes _____ No _____ **Other:** _____

Signature: _____ **Date:** _____

Please submit the completed form. If you have any questions about the form or Internships please contact CTE/Student Job Services at 850-484-1654 or studentjobservices@pensacolastate.edu