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Employer Approved by (initials required):

Faculty Mentor:­­­\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_

IDS Instructor:\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_

**Form due no later than three (3) weeks before the last day of classes.**

# IDS 3949 Elective Internship Employer Application

## ORGANIZATION INFORMATION

Name: Date:

Street Address:

City: State: Zip:

## CONTACT INFORMATION

Company Contact:

Contact’s e-mail: Contact’s Telephone:

Supervisor (if different from company contact):

Department/Section:

Supervisor’s E-mail:

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Supervisor’s Telephone:

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## POSITION INFORMATION (use as much space needed to provide sufficient details.)

Position Title**:** Major(s)**:**

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Number of Hours per Week (15-20**):** Rate of Pay (if applicable)**:**

US Citizenship required: Yes **\_\_\_\_\_**  No \_\_\_\_\_

Internship semester: \_\_\_FA (Aug.-Dec.) \_\_\_SP (Jan.-Apr.) \_\_\_ SU (May-Jul./Aug.)

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Description of duties and responsibilities (must be developmental based on identified major)**:**

Skills student will acquire in this position:

Inherent risks in this work environment:

Training procedures provided to ensure student's safety:

Detail the adequate supervision being provided at all times during intern's work hours:

Employer Name (Printed): Employer Signature: Date: