

PLEASE LIST ANY COMPANIES YOU ARE INTERESTED IN CONTACTING...

If you are working for a company that you would like to use as your co-op/practicum/internship, please complete the following.

Mrs. Monson will contact the company to see if the job description relates for your co-op/practicum/internship requirement and if the company is willing to use the job as a co-op/practicum/internship training site.

COMPANY/BUSINESS INFORMATION

COMPANY NAME: _____

COMPANY ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT NAME: _____ TITLE: _____

COMPANY PHONE NUMBER: _____ E-MAIL _____

SUPERVISOR NAME: _____ TITLE: _____

SUPERVISOR PHONE NUMBER: _____ E-MAIL _____

WAGES PER HOUR: _____ HOURS PER WEEK: _____

START DATE: _____ ENDING DATE: _____

WORK SCHEDULE:

JOB TITLE:

JOB DESCRIPTION:

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