



INTERNSHIP PROGRAM

for EMPLOYER ONLY

Company Name: _____ URL: _____

Address: _____

Email: _____ Contact Number: _____

BRIEF COMPANY DESCRIPTION:

DESCRIPTION OF INTERNSHIP/DUTIES:

PROPOSED LEARNING/TRAINING OUTCOMES FOR INTERNS:

AVAILABLE SUPERVISORS, MENTORS/TRAINERS Name(s) and Title(s):

IDEAL CANDIDATE/SKILLS NEEDED:

DESIRED BUT NOT REQUIRED:

WILL WORK BE DONE ON-SITE or OFF-SITE: _____

COMPENSATION DETAILS: _____ (*Off-site Internship work must be*

compensated at minimum wage or above). On-site internships may or may not be compensated, depending on how the location meets the 6 provisions set forth by the United States Department of Labor:

www.dol.gov/whd/regs/compliance/whdfs71.htm

IF INTERESTED (Point and Method of Contact, and Materials to be submitted): _____

RESPOND BY DEADLINE: _____