

# EMPLOYER: INTERNSHIP/EXTERNSHIP APPLICATION

Please sign and complete this form in as much detail as possible, and return to [placement@business.siu.edu](mailto:placement@business.siu.edu) or fax: 618/453-7961

_____ Company/organization		_____ Focus of organization		
_____ Address		_____ City, state, ZIP		
_____ *Contact person		_____ Title		
_____ *Telephone no.		_____ * Email		_____ Website
_____ Internship position title		_____ Location		_____ No. of positions
_____ No. of weeks	_____ *Hours per week	_____ *Beginning date	_____ *End Date	_____ *Wage

Semester in which the student intend to intern  
 Spring (Jan.-May)  Summer  Fall (Sept.-Dec.)

Detailed description of job duties:  (Check if sheet attached)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List qualifications, requirements, preferred academic major and preferred level of student (sophomore, junior, senior, etc.):  
 (Check if sheet attached)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I will accept phone inquiries from students.  Yes  No Car required?  Yes  No

Is proof of U.S. citizenship required?  Yes  No

I would be interested in hosting a student for an unpaid job shadow experience during spring break.  Yes  No

Nondiscrimination statement: This employer does not discriminate based on age, sex, race, religion, national origin, marital status or handicap. I have also reviewed the internship brochure.

Signed: \_\_\_\_\_  
Employer representative Date

FOR OFFICE USE ONLY

\_\_\_\_\_  
Student intern

\_\_\_\_\_  
Major

\_\_\_\_\_  
Position approved by

\_\_\_\_\_  
Signature & date

