



Employer Application for Internship

NAME OF ORGANIZATION:			
ADDRESS:	CITY	STATE	ZIP CODE
NAME OF INTERNSHIP SUPERVISOR:		TITLE:	
EMAIL	PHONE NUMBER: () EXT.		
PLEASE PROVIDE A DESCRIPTION OF THE DUTIES EXPECTED OF AN INTERN:			
PLEASE LIST ANY SPECIAL SKILLS, ABILITIES, REQUIREMENTS THAT ARE REQUIRED FOR POTENTIAL INTERNS:			
DO YOU REQUIRE A BACKGROUND OR CRIMINAL HISTORY CHECK FOR POTENTIAL INTERNS: YES <input type="checkbox"/> NO <input type="checkbox"/> IF SO, WHAT ARE POTENTIAL DISQUALIFIERS:			
PLEASE LIST ANTICIPATED WORK SCHEDULE FOR INTERN (<i>May not exceed 20 hours per week</i>)			
SUNDAY			
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
SATURDAY			

The California Community College Chancellor’s Office has mandated that all college students participating in a college-level Cooperative Work Experience Program must obtain verification from their employer that they are an Equal Employment Opportunity Employer.

In order for your employee or intern to obtain college credits, would you be kind enough to sign the following statement:

“It is the policy of this company to provide equal opportunity for all employees and applicants for employment. In addition, employment decisions are made without regard to race, religion, color, sex, national origin, disability, or any other status protected by federal, state, or local law.”

Company _____

Signature _____

Position _____

Date _____

Please return completed form to:
Colin McCaughey
Irvine Valley College
5500 Irvine Center Drive B263
Irvine, CA 92618