

**UNA Internship Program  
Employer Contact/Job Description Form**



**Directions to the Student:** This form should be completed by the employer and must be submitted as part of the application for experiential education.

Student's Name \_\_\_\_\_

**Company Information**

Company \_\_\_\_\_

Contact Person \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

*\*Please list an email address above that is checked regularly as it will be the primary method of communication\**

**Job Description**

Please *attach* a separate sheet describing the position and responsibilities, or write the description here:

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