

Co-Op Registration Packet: Job Description Form

Students must complete the "**Co-Op Registration Packet: Job Description Form**" with the support of the employer and obtain a "**Job Description**" on letterhead from the employer.

Purpose: Verification of interest In hiring a student as a Student Intern Employee In a job that supports work-based experiential learning is required for registration and facilitation of a Cooperative Education or Coordinated Internship course.

Submit to: Coordinator of Cooperative Education & Coordinated Internship Services

Employer and Employer Supervisor Information

Employers must provide the student employee the following employer information to include:

Name of Employer: _____

Employer Address: _____
Number & Street City State ZIP

Employer Telephone Main Number (_____) _____

Employer Supervisor Full Name: _____

Employer Supervisor Direct Telephone Number: (_____) _____ ext.: _____

Employer Supervisor Direct Email Address: _____@_____

Job Information

Employers must provide the student employee the following information about the job that supports work-based experiential learning in a Cooperative Education or Coordinated Internship course:

Target start date of the job that supports work-based experiential learning (date must be after the first day of the semester):
Mo/ day/ year: _____

Target start date of the job that supports work-based experiential learning (date must be after the first day of the semester):
Mo/ day/ year: _____

Number of weeks to be employed (circle one): 6, 8, 10, 12, 14, 16

Number of hours to be worked each week: _____ hours

Job Description

Employers must provide the student employee a "Job Description" to include:

Job description on employer letterhead	Completed: Yes No
Brief description of the employer and the work environment	Completed: Yes No
Several described student employee job duties and responsibilities	Completed: Yes No
Disclosure of any compensation such as benefits, salary, stipend, tuition reimbursement, etc.	Completed: Yes No

Employer Supervisor Signature: _____ Date: _____