

EMPLOYER INFORMATION FORM- Academic Internship Program

Employer _____

Contact Person _____ Title _____

Mailing Address _____ City _____ State _____ Zip Code _____

Telephone Number _____ Fax Number _____ E-mail _____ Web URL _____

Primary Business Activity _____

Position Title(s): _____

Number of Positions Available: _____ Semester(s) Available: Fall _____ Spring _____ Summer _____

Automatically re-post position each semester _____ OR

Re-post position only upon notification by employer _____

Academic Majors Desired:

_____ Compensation: Paid _____ Unpaid _____ Stipend _____

_____ Hourly Rate (if paid): \$ _____

Proposed weekly schedule: _____

Location of Internship Site if different from above: _____

Name of Supervisor if different from above: _____

Telephone _____

REQUIRED POSITION DESCRIPTION: Please include a position description for each opportunity available. The description should emphasize the job responsibilities and learning objectives and must accompany this form.

Name of person completing this form: _____

Title: _____ Date: _____

Signature of person completing this form: _____

Return this form and position description to:

Robert Morris University
Career Center
6001 University Boulevard
Moon Township, PA 15108-1189
412/262-8224 (Phone) 412/262-8483 (Fax)
careers@rmu.edu