



CALIFORNIA UNIVERSITY OF PENNSYLVANIA
EMPLOYER/INTERNSHIP INFORMATION FORM

EMPLOYER INFORMATION

Company Name: _____

Address: _____

Phone: _____ FAX: _____

Contact Person: _____ Title: _____

E-mail: _____ Phone: _____

Company Website: _____

Employer Category: _____

Company Profile: _____

Would you like to post internships or view
resumes on InternLink, our online system: Yes: No:

Areas available for Internships: _____

INTERNSHIP INFORMATION

Internship Title: _____

Location: _____

Number of Openings: _____ Paid or Credit Only: _____

Work Schedule: _____

Hours per Week: _____

Employment Start Date: _____ End Date: _____

Internship Description: _____

Qualifications: _____

Requirements: _____

Application Instructions: _____

