



Business Internship Application

Instructions: Please fill out the form completely

Submit Applications to: Lisa Hott

Contact: (559) 737-6160 Fax: (559) 730-3984

Email at lisah@cos.edu

| Business Contact Information: | | | | | | | | | | |
|--|--|-------------------------------------|--|---------------|---|--|-------------|--|--|--------------|
| Company/Business Name: _____ | Todays Date: _____ | | | | | | | | | |
| Contact Person: _____ | Business Phone: _____ | | | | | | | | | |
| Street Address: _____ | City/State/Zip: _____ | | | | | | | | | |
| Email Address: _____ | | | | | | | | | | |
| Duties that Intern will perform: | | | | | | | | | | |
| Qualifications that intern will need for position: | | | | | | | | | | |
| Specific Details: | | | | | | | | | | |
| Paid: _____ | | | | | | | | | | |
| Non- Paid: _____ | | | | | | | | | | |
| Semester: _____ | Fall: _____ Spring: _____ | | | | | | | | | |
| Approx. Weekly Hours/Specific Days: | | | | | | | | | | |
| <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; padding: 5px;">Newspaper: <input type="checkbox"/></td> <td style="width: 33%; padding: 5px;">COS Facebook: <input type="checkbox"/></td> <td style="width: 33%; padding: 5px;">COS Employee:</td> </tr> <tr> <td style="padding: 5px;">Word of Mouth: <input type="checkbox"/></td> <td style="padding: 5px;">COS Newsletter: <input type="checkbox"/></td> <td style="padding: 5px;">Name: _____</td> </tr> <tr> <td></td> <td></td> <td style="padding: 5px;">Other: _____</td> </tr> </table> | | Newspaper: <input type="checkbox"/> | COS Facebook: <input type="checkbox"/> | COS Employee: | Word of Mouth: <input type="checkbox"/> | COS Newsletter: <input type="checkbox"/> | Name: _____ | | | Other: _____ |
| Newspaper: <input type="checkbox"/> | COS Facebook: <input type="checkbox"/> | COS Employee: | | | | | | | | |
| Word of Mouth: <input type="checkbox"/> | COS Newsletter: <input type="checkbox"/> | Name: _____ | | | | | | | | |
| | | Other: _____ | | | | | | | | |
| Office Use Only: | | | | | | | | | | |
| Additional Info: _____ Intake Date: _____ | | | | | | | | | | |
| _____ Job Number: _____ | | | | | | | | | | |
| _____ | | | | | | | | | | |
| _____ | | | | | | | | | | |