



MUSTANG EDUCATION CENTER

Empowering Today to Achieve a Better Tomorrow

Internship Employer Profile

Please complete this form so that we can best match your company and supervisor(s) with the most appropriate student(s).

Business/Organization Name: _____

Business Address: _____

Business Phone: _____ Business Fax: _____

Business E-Mail: _____

Supervisor name and position title for Internship(s) at Company/Organization:

Best phone number for supervisor: _____

Best email address for supervisor: _____

Number of positions available: _____ Minimum age requirement: _____

Beginning date: _____ Ending date: _____

Hours per week: _____ x 18 weeks = Total _____ (Required: At least 70 hours/semester)

Location name, department and address and phone number for work site (if different than above):

Is there a bus stop within one mile of this location? _____

Exact location for student to report for field experience(s) (if different than above):

What type of identification will the student need to **enter** your worksite? _____

What type of identification and documentation will the student need for employment purposes and/or to complete employment paperwork?



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Employer Profile Cont.

Dress code/appropriate attire (be specific):

Are there any safety regulations that the student should know ahead of time?

Generally, what type of work will the student do during the field experience(s)? (Job Description)

What else should we/the student be aware of prior to arriving at your place of work?

Please list any other important information to be considered and/or shared with students prior to the field experience(s).

Your Full Name

Signature/Date

If you have any questions or concerns before or during the internship(s), please contact Kirk Wilson immediately at WilsonJo@mustangps.org or call (405)376-7322.