

YUBA COLLEGE EDUCATIONAL INTERNSHIP

***JOB DESCRIPTION\****

Percy Ellis 741-6904

FAX 634-7706

COMPANY NAME: _____ DATE: _____
ADDRESS: _____
PERSON: _____ CONTACT _____
PHONE#: _____ EMAIL ADDRESS: _____
COMPANY WEBSITE: _____
JOB TITLE:
PREFERRED MAJOR/DISCIPLINE AREA:
PAY RATE (0 if unpaid)
RESPONSIBILITIES:
REQUIRED SKILLS:
DESIRED ABILITIES:
WORK SCHEDULE:
Fall _____ Spring _____ Summer _____ Year _____
BUSINESS SUPERVISOR: _____ PHONE # _____
COLLEGE MENTOR: _____ PHONE # _____

\* Your business job description form may be attached to this form.