



Mission College

Date: _____

INTERNSHIP ANNOUNCEMENT

Company Name: _____

Address: _____

City, State, Zip: _____

Nearest Cross Street: _____

Fax: _____ E-mail: _____

Type of Business: _____

Contact Person: _____ E-mail: _____

Title: _____ Fax: _____

Phone: _____

Job Classification: _____

Job Title: _____

Duties and Responsibilities: _____

Required Skills and Abilities: _____

Most Essential Skill: _____

To be completed by employers.

Pay: Stipend _____ (amount) Rate _____ per _____
Unpaid _____

How to Apply: _____

Deadline to Apply: _____

Days and Hours: _____

Total Hours Per Week: _____

(Please Check One)

Full-Time Part-Time Temporary Seasonal Start Date: _____

Semester: Fall Spring Summer End Date: _____

Mission College
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