

Position Title: _____ **Today's Date:** _____

Company Name: _____ **Apply by:** _____

Company Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Web Site: _____

Contact Person's Name and Title: _____

Telephone Number: _____ - _____ - _____ **Fax Number:** _____ - _____ - _____

E-Mail Address: _____

How to Best Contact: Mail Phone Direct Contact Fax E-mail Company Web Site

When to Best Contact: _____ a.m./p.m. to _____ a.m. / p.m. Other _____

Brief Company Information/Description:

Salary / Pay Range: _____

Benefits: None Medical Dental Optical Retirement/401K Life Relocation Allowance

Tuition Reimbursement

Citizenship Required: Yes or No

Work Location: _____

Education Level: Freshman Sophomore Junior Senior Graduate Alumni No preference

Job Status: Full-time Part-time # of hours _____ Internship Co-op Summer

Start Date: _____ (Negotiable: Yes No) **Finish Date:** _____

Academic Major Preferred / Required:

Job Description/Qualifications (please feel free to attach a position description)