

**THE COLLEGE OF NEW JERSEY
SCHOOL OF BUSINESS
EMPLOYER INTERNSHIP AGREEMENT**

Student's Name: _____

Name of Employing Organization: _____

Employer's Address: _____

Employer's Phone: () _____

Name of Intern's Position: _____

Dates of Internship: From _____ **To** _____

Job description of intern's tasks (Use separate sheet if more space is needed.)

What (if any) special training will be provided the intern?

**How many hours per week
will the intern work?** _____

Rate of pay (hourly or weekly) _____
**(This information will be kept confidential.
Thank you for your cooperation.)**

Signature of Intern's Supervisor

Signature of Student Intern

Signature of Internship Coordinator