



HOST ORGANIZATION REQUEST FORM

Request Date: _____

HOST ORGANIZATION INFORMATION

Company Name: _____	Contact Person: _____
Website: _____	Title: _____
Address: _____	E-mail: _____
_____	Phone: _____
City: _____	Fax: _____
State: _____	Mobile: _____
Zip Code: _____	Business Hours: _____
EIN #: _____	Year Founded: _____
Annual Revenues: _____	Worker's Compensation#: _____

Number of employees at current location : Full time: _____ / Part time: _____ Number of employees nationwide: _____

DESIRED CANDIDATES DETAILS

Internship Position	Hourly Wage	Number of Openings	Department	Name of Direct Supervisor
1.				
2.				
3.				
4.				

HOST ORGANIZATION BUSINESS REFERENCES

Company Name	Contact Person	E-mail address or Phone number
1.		
2.		