



**UINTAH HIGH INTERNSHIP PROGRAM
EMPLOYER REQUEST**

Employer Name _____

Mailing Address _____

Address

City

Phone Number _____

FAX Number _____

Contact Person _____

Would this be a ____paid ____unpaid internship experience. If paid, beginning salary \$ _____

Days you would like students to intern (please circle)

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Hours you would prefer student to intern

_____ First period 7:55 - 9:05 _____ Fourth period 11:55 - 1:25 (lunch) _____
Second period 9:15 - 10:25 _____ Fifth period 1:35 - 2:40
_____ Third period 10:35 - 11:45 _____ After school

Job Description: (please specify skills, equipment, etc. students would work with)

Skills students *must* need before beginning internship: (i.e. keyboarding, welding, math, etc.)

Please return to:

*Uintah High School Internship Program
Attention: JoJo Gale
1880 West 500 North
Vernal, UT 84078
801-789-3110 ext. 702 FAX 781-3117*