WKU Small Business Accelerator

Intern Request Form

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Briefly describe your company’s business model:

Position Description Including Required Skills/Experience and Minimum Years of College:

Position Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position End Date (If Applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hours Per Week: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expected Hourly Rate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Positions to Be Filled: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expected Work Schedule: (Days? Nights? Weekends?)

*Please return the completed form to Jeff Hook at william.hook@wku.edu.*