



BUSINESS INFORMATION

*All fields required

Legal Name: _____

COMPANY CONTACT

Full Name: _____
Last First M.I.

Job Title: _____

Work Phone: _____ Alternate Phone: _____

Email: _____

INTERN INFORMATION

*All fields required

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #
City State Zip Code

Home Phone: _____ Alternate Phone: _____

Email: _____

SSN (Last 4): _____

Birth Date: [Click here to enter a date.](#) Grade Level: _____

Home Schooled Private School Public School Online School

Name of School: _____

Please provide a brief description of the student intern's career aspirations and how the student believes this internship will help him/her achieve those aspirations:

(Acknowledgement): By checking this box, the student intern and (if applicable) the parent/guardian acknowledges that the information collected and submitted through the Career Exploration Internship Form will be shared with the Ohio Development Services Agency. In addition, the student intern and (if applicable) the parent/guardian acknowledges that at the time of submission, all information provided as required is accurate and complete.

X

INTERN

X

PARENT/GUARDIAN (if minor)

PRINCIPAL, SCHOOL COUNSELOR OR INSTRUCTIONAL ADMIN INFO

***All fields required**

Full Name: _____
Last *First* *M.I.*

Title: _____

Work Phone: _____ **Alternate Phone:** _____

Email: _____

School Name: _____ **School District:** _____

Address: _____
Street Address *Apartment/Unit #*

_____ *City* *State* *Zip Code*

Please provide a brief description of how the employment opportunity qualifies as a career exploration internship and how the internship will impact the student intern’s career goals:

(Acknowledgement): By checking this box, the Principal, School Counselor or Instructional Administrator acknowledges that the information collected and submitted through the Career Exploration Internship Form will be shared with the Ohio Development Services Agency. Additionally, the Principal, School Counselor or Instructional Administrator acknowledges that the employment qualifies as a career exploration internship and that the Principal, School Counselor or Instructional Administrator will meet within thirty (30) days following the end of the internship to discuss the experiences of the internship.

X

PRINCIPAL, COUNSELOR OR
 INSTRUCTIONAL ADMINISTRATOR