****

**EMPLOYER REQUEST FOR A WORK-BASED LEARNING STUDENT**

**(Previously titled Co-Op)**

|  |  |
| --- | --- |
| Date: |  |

| CONTACT INFORMATION | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | |  | Email: | |  | |
| Company/Facility Name | | | | |  |  | | | |
|  | | | | |  | Telephone: | | | (   ) |
| Contact Person (First Name, Last Name) | | | | |  |  | | | |
|  | | | | |  | Fax: | (   ) | | |
| Title | | | | |  |  | | | |
|  | | | | |  |  | | | |
| Physical Address | | | | |  |  | | | |
|  |  |  |  |  |  |  | | | |
| City |  | State |  | Zip |  |  | | | |

| POSITION INFORMATION | | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Position Title: | | |  | | | | | | | | | |
|  | | | | | | | | | | | | |
| Position Description: | | | | |  | | | | | | | |
|  | | | | | | | | | | | | |
| Prefer Candidates From:  *(Please list curriculums)* | | | | | |  | | | | | | |
|  | | | | | | |
|  | | | | | | |
| Pay Rate: | $ |  | | | | |  | | # of Hours Per Week: |  | |  |
| # of Job Openings: | | | |  | | |  | | Days Per Week Preferred: | |  | |
| Hours and Days of Operation: | | | | | | | |  | | | | |
|  | | | | | | | | | | | | |
| Comments: | | | | | | | | | | | | |

**Please return to**:

Jeanette Nunnery, Coordinator

Work-Based Learning Department (WBL) (Center for Business and Industry Room 108)

Fayetteville Technical Community College (FTCC)

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