



# Rowan-Cabarrus Community College Work-Based Learning/WBL (Internship) Employer Position Description Form

Please complete the requested information on the form below:

Employer: \_\_\_\_\_

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

Company Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

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

Fax: \_\_\_\_\_

Company's Designated Supervisor: \_\_\_\_\_

Title: \_\_\_\_\_

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

**WBL Position Title:** \_\_\_\_\_

Number of Position(s): \_\_\_\_\_

Hours/Weekly Schedule: (flexible around student class schedule) \_\_\_\_\_

**Position Description**—(Please list at least 3-duties)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pay rate: Hourly \$ \_\_\_\_\_ Salary \$ \_\_\_\_\_ Stipend \$ \_\_\_\_\_

Travel Required? \_\_\_\_\_

Special Equipment: (Boots, safety glasses, etc.) \_\_\_\_\_

**Benefits:** None: \_\_\_\_\_ Life Insurance \_\_\_\_\_ Sick Days \_\_\_\_\_  
Paid Holidays \_\_\_\_\_ Vacation Days \_\_\_\_\_  
Medical Coverage \_\_\_\_\_ Worker's Compensation \_\_\_\_\_

Faculty Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

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

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