Employment Request Form

Company/Organization: ________________________________

Contact Person: ____________________________________

Title: _____________________________________________

Street Address: ____________________________________

City, State, Zip: ___________________________________

Phone Number: _____________________________________

Fax Number: _______________________________________

Email: ____________________________________________

Website: __________________________________________

Position Title: _____________________________________

Qualifications: _____________________________________

Responsibilities: ___________________________________

Position Available (check all that apply):

- ☐ Fall
- ☐ Spring
- ☐ Summer

Schedule Information:

Number of hours per week: ___________________________

Other requirements: __________________________________

(night/weekend hours, etc.) ___________________________

Position is: ☐ Paid ☐ Unpaid

If paid, amount of compensation: Hourly: ___________ or Stipend: ___________

Other Information: __________________________________

Application Deadline: _____________________________

Please complete form and email to careers@dom.edu.