



Flathead Valley Community College

INTERNSHIP OPENING FORM

Date of Request _____ Intern Requested for Fall Spring Summer Year _____

Business/Organization		Department	
Mailing Address		Primary Supervisor	
Physical Address		Phone/FAX	
		E-mail	
City, State, Zip		Username/Password	
Second Location:		Secondary Supervisor	
Directions:		Phone/FAX	
		E-mail	
		Username/Password	

INTERNSHIP LOCATION: Bigfork Columbia Falls Kalispell Lakeside Whitefish Other _____

DEGREE or CERTIFICATE PREFERRED:	<input type="checkbox"/> Accounting Technology	<input type="checkbox"/> Business Administration	<input type="checkbox"/> Culinary Arts
	<input type="checkbox"/> Information Technology	<input type="checkbox"/> Web Technology	<input type="checkbox"/> Office Technology
	<input type="checkbox"/> Medical Secretary	<input type="checkbox"/> Small Business Management	<input type="checkbox"/> No Preference

Skills, Knowledge, Opportunities for Learning:

Brief Description of Duties (please attach job description)

Other Qualifications or Requirements: (i.e. lifting, keyboarding, driver's license)

COMPENSATION: Paid, Hourly Rate: _____ Unpaid, meets FLSA standards
(Compensation is not required by the FVCC Internship Program. Any compensation is subject to applicable employment law.)

BENEFITS (travel reimbursement, meals, memberships, conferences...): _____

APPLICATION PROCEDURE: Cover Letter Resume Transcript References (How Many) _____
 Application Form, Type _____ Email CONNECT Resume

SELECTION PROCESS: _____

INTERNSHIP START DATE: _____ **INTERNSHIP END DATE:** _____
Orientation/Training Date(s): _____

Flathead Valley Community College ♦ Career Services Office ♦ 777 Grandview Drive ♦ Kalispell, MT 59901 406-756-3890/406-756-3900 FAX: 406-756-3911 EMAIL: kdarrow@fvcc.edu