

**THE COLLEGE OF NEW JERSEY  
SCHOOL OF BUSINESS  
ACCOUNTING EMPLOYER INTERNSHIP AGREEMENT**

**Student's Name:** \_\_\_\_\_

**Name of Employing Organization:** \_\_\_\_\_

**Employer's** \_\_\_\_\_ **Employer's Phone: (     )** \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

**Name of Intern's Position:** \_\_\_\_\_

**Dates of Internship: From** \_\_\_\_\_ **To** \_\_\_\_\_

**Job description of intern's tasks (Use separate sheet if more space is needed.)**

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**What (if any) special training will be provided for the intern?**

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**How many hours per week will the intern work?** \_\_\_\_\_ **Rate of pay (hourly or weekly)** \_\_\_\_\_  
(This information will be held confidential.  
Thank you for your cooperation.)

\_\_\_\_\_  
**Signature of Intern's Supervisor**

\_\_\_\_\_  
**Signature of Student Intern**

\_\_\_\_\_  
**Signature of Internship Coordinator**