



**CAREER CATALYST INITIATIVE: SUMMER INTERNSHIP PROGRAM  
EMPLOYER CONFIRMATION FORM**

**Please email a signed Employer Confirmation Form to:**

Amy Porter, Assistant Director  
Career Development Center  
amy.porter@trincoll.edu

**Student's Last Name:**

**Student's First Name:**

**Company / Organization:**

**Anticipated Start Date:**

**Anticipated End Date:**

**Anticipated # of Hours per Week:**

*Minimum requirement = 8 weeks/320 hours<sup>1</sup>*

**Supervisor's First Name:**

**Supervisor's Last Name:**

**Supervisor's Title:**

**Supervisor's E-mail Address:**

**Supervisor's Phone Number:**

**Is this a paid internship?<sup>2</sup>**

**If paid, what type and amount?**

*Hourly rate, stipend, commission, other (please describe).*

**Internship Description:**

*Please describe the intern's main duties, responsibilities, projects, etc.*

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<sup>1</sup> If the intern works over 40 hours/week during the internship period, the employer must pay the intern minimum wage or higher.

<sup>2</sup> Please refer to the Department of Labor's website for information about internship programs under the Fair Labor Standards Act: <http://www.dol.gov/whd/regs/compliance/whdfs71.htm>

**Learning Objectives:**

*Please list 2-4 skills the intern can expect to gain through the internship.*

- 1.
- 2.
- 3.
- 4.

**Employer Agreement:**

*Please confirm and initial that you agree to the statements below and that you understand the internship terms.*

I agree to provide the intern with an orientation at the beginning of the internship experience to familiarize them with the organization and organizational expectations.

I agree to establish learning objectives with the student and provide him/her with duties beyond administrative tasks.

I agree to oversee the intern's work and provide feedback via a mid-term and final evaluation provided by the Trinity College Career Development Center, to be emailed to Amy Porter (amy.porter@trincoll.edu).

I agree to provide the student with exposure to multiple aspects of the organization.

I agree to provide the intern with enough work to equal 35-40 hours/week, for 8-10 weeks (320 total hours).

I agree to pay the intern minimum wage or higher if the intern works more than 320 total hours during the internship period.

**Employer's Signature:**

I confirm that the person completing this form is the same as the supervisor name listed above. My signature below confirms that the information above is accurate.

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*Employer Signature*

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*Date*