

WORKPLACE LEARNING

PUT YOUR EDUCATION TO WORK

Employer Position Request Form

Company Name: _____ Date: _____

Contact Person: _____ Title: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: (if applicable): _____

City: _____ State: _____ Zip: _____

Phone #: _____ Fax: _____

Email Address: _____

Job Title: _____ No. of Positions: _____

Start Date: _____ Approximate Duration: _____

Hours per week: _____ Days per week: _____

GPA Requirement: _____ Rate of Pay: \$ _____ per: _____

Minimum skills needed to perform job: *(Please attach company literature or PR packet if available)*

Brief position description: *(If additional space is needed, please attach job description)*

Please scan/email to workplace.learning@cpcc.edu or fax to 704.330.6201