



Employment Job Description Form

Employer Information:

Company Name: _____
Employer Contact: _____
Address: _____
Telephone: _____ Fax: _____
E-mail: _____ Website: _____
Site Supervisor: _____
Telephone: _____ E-mail: _____

Position Information:

Position Title: _____
Work Location: _____
Starting Date: _____ Ending Date: _____
Work Term: ___ Full time ___ Part time Work Hours: _____
Compensation: ___ /Hour ___ /Week ___ /Commission Other: _____
Additional benefits: _____
Required GPA: _____ Desired Majors: _____

Job Description (attach additional pages if needed):

Preferred Application Process:

___ Resume ___ Online ___ Transcripts ___ Portfolio ___ Employer Application

Employers are encouraged to follow principles for professional conduct set forth by the National Association of Colleges and Employers (www.nacweb.org/principles/).

Mail, fax, or email completed form to:

Sara Wise, Coordinator of Employer Relations
Coastal Carolina University Career Services Center
PO Box 261954
Conway, SC 29528-6054
843.349.2889 Fax 843.349.2718 swise@coastal.edu

FOR CCU USE ONLY

Date Received: _____ Approved ___ Not Approved ___