



**BUSINESS INFORMATION**

\*All fields required

Legal Name: \_\_\_\_\_

**COMPANY CONTACT**

Full Name: \_\_\_\_\_  
*Last First M.I.*

Job Title: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**INTERN INFORMATION**

\*All fields required

Full Name: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_ *City State Zip Code*

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email: \_\_\_\_\_

SSN (Last 4): \_\_\_\_\_

Birth Date: [Click here to enter a date.](#) Grade Level: \_\_\_\_\_

Home Schooled  Private School  Public School  Online School

Name of School: \_\_\_\_\_

**Please provide a brief description of the student intern's career aspirations and how the student believes this internship will help him/her achieve those aspirations:**

\_\_\_\_\_

**(Acknowledgement):** By checking this box, the student intern and (if applicable) the parent/guardian acknowledges that the information collected and submitted through the Career Exploration Internship Form will be shared with the Ohio Development Services Agency. In addition, the student intern and (if applicable) the parent/guardian acknowledges that at the time of submission, all information provided as required is accurate and complete.

X

INTERN

X

PARENT/GUARDIAN (if minor)

**PRINCIPAL, SCHOOL COUNSELOR OR INSTRUCTIONAL ADMIN INFO**

\*All fields required

**Full Name:** \_\_\_\_\_  
*Last* *First* *M.I.*

**Title:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **Alternate Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**School Name:** \_\_\_\_\_ **School District:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_ *City* *State* *Zip Code*

**Please provide a brief description of how the employment opportunity qualifies as a career exploration internship and how the internship will impact the student intern's career goals:**

**(Acknowledgement):** By checking this box, the Principal, School Counselor or Instructional Administrator acknowledges that the information collected and submitted through the Career Exploration Internship Form will be shared with the Ohio Development Services Agency. Additionally, the Principal, School Counselor or Instructional Administrator acknowledges that the employment qualifies as a career exploration internship and that the Principal, School Counselor or Instructional Administrator will meet within thirty (30) days following the end of the internship to discuss the experiences of the internship.

**X**  
 \_\_\_\_\_  
 PRINCIPAL, COUNSELOR OR  
 INSTRUCTIONAL ADMINISTRATOR

