



EMPLOYER REQUEST FOR A WORK-BASED LEARNING STUDENT

Date: _____

CONTACT INFORMATION

Company/Facility Name		Email:
Contact Person (First Name, Last Name)		Telephone:
Title		Fax:
Physical Address		
City	State	Zip

POSITION INFORMATION

Position Title: _____

Position Description: _____

Prefer Candidates Form:
(Please list curriculums)

Pay Rate: \$ _____ # of Hours Per Week: _____

of Job Openings: _____ Days Per Week Preferred: _____

Hours and Days of Operation: _____

Comments:

Please return to:
 Antoinette Dickens, Point of Contact
 Work-Based Learning Program
 Vance-Granville Community College
 P.O. Box 777/ 8100 N.C. 56 Highway
 Louisburg, NC 27549
 Email: dickensa@vgcc.edu
 Phone: (252) 738-3609
 Fax: (919) 496-6604