

Employer Confirmation Form

Please complete and return via fax or regular post.



WE AGREE to evaluate the student's performance at the end of the term.

please check

Center for Cooperative Education
795 Livermore Street
Yellow Springs, OH 45387-1607
800-535-2410
Fax: 937-769-1310
coop@antioch-college.edu

A. BASIC INFORMATION

Student's Name

Job Title or Position

Employing Organization

Supervisor at Work

Employer Address

City State Zip

Telephone E-mail

Co-op Advisor's Name

DATES OF EMPLOYMENT:

_____, 20_____
from

_____, 20_____
to

HOURS:

_____ to _____
from

COMPENSATION:

B. HOUSING & CITY INFO (OPTIONAL)

Where is the best area for a student to live while working this job? Know any contact names, or agencies?

How much is rent in this area? Are short term leases easy to find?

What kind of transportation is possible to and from work or other important places?

C. JOB DESCRIPTION

Please describe below or attach a list of the duties and responsibilities the co-op student will be required to perform over the work term.

D. SUPERVISOR'S SIGNATURE

Signature

Title

Date