Cooperative Education
Cal Poly, Pomona

Learn By Doing. You Earn A Future When You Earn A Degree.

Co-op Job Information

Phone: (909) 869-3434 FAX: (909) 869-4396

Date: _____

Company: _____

Address: _____

Street City State Zip

I agree to support the Cooperative Education Program by insisting that the student(s) I hire enroll for Co-op units (through the Co-op Office) every quarter they hold their Co-op position or until they graduate. Further, I certify that this company is not conducting business from a private residence: _____

Signature

Contact Person: _____ *Title:* _____

Telephone: _____ *Fax:* _____

Majors Requested: _____ *Position Title:* _____

Position Description: _____

_____

_____

_____

Required Skills and/or Coursework: _____

_____

_____

Number of Positions: _____ *Part-time or Full-time:* _____

Minimum GPA (on 4.0 = A basis): _____ *Preference for Jr., Sr., etc:* _____

*Allowable working hours: (i.e.: M-F, 8am-5pm)*_____

Minimum/maximum number of hours acceptable on a given day: _____

Minimum/maximum number of work days per week: _____

Rate of Pay: _____ *When will position start?* _____ *How long will position last?* _____

Application Procedure:

_____ *Resume*

_____ *Transcript*

_____ *Cover letter*

_____ *Other:* _____

_____ *I would prefer to receive the application material via email.*
Email address: _____

Interview:

_____ *At Company*

_____ *At Cal Poly*

How did you learn about our Co-op Program? _____

(If you need additional space, please include an attachment)