

**BHSU - SEDC Workforce Internship Program**

**Employer Application**

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| --- | --- |
| Company Name | TYPE COMPANY NAME HERE |
| Authorized Company Official | TYPE AUTHORIZED COMPANY OFFICIAL NAME HERE |
| Company AddressCity/State/Zip | ADDRESS 1ADDRESS 2CITY, ST ZIP CODE |
| Phone Number | TYPE PHONE NUMBER HERE |
| Email Address | TYPE EMAIL ADDRESS HERE |
| Internship Dates Requested | [ ]  Spring Semester [ ]  Summer Semester [ ]  Fall Semester |
| Type of Internship Funding Requested | [ ]  Employer Funded [ ]  Partially Funded (up to $2,000 matched by employer) [ ]  Fully Funded (up to $4,000, no match)  |
| Position Requested | TYPE POSITION REQUESTED HERE |
| Hourly Wage | $TYPE HOURLY WAGE HERE |

**Describe your business and how this internship will help your company grow or fill a critical workforce need. Please also attach a job description for the internship.**

 **Submit your application via email to: office@spearfishdevelopment.com**