



Employment Job Description Form

Employer Information:

Company Name: _____
Employer Contact: _____
Address: _____
Telephone: _____ Fax: _____
E-mail: _____ Website: _____
Site Supervisor: _____
Telephone: _____ E-mail: _____

Position Information:

Position Title: _____
Work Location: _____
Starting Date: _____ Ending Date: _____
Work Term: _____ Full time _____ Part time Work Hours: _____
Compensation Amount: _____ /Hour _____ /Week _____ /Commission Other: _____
Additional Benefits: _____

Required GPA: _____ Desired Majors: _____

Job Description (attach additional pages if needed):

Preferred Application Process:

_____ Resume _____ Transcripts _____ Portfolio _____ Employer Application

Employers are encouraged to follow principles for professional conduct set forth by the National Association of Colleges and Employers (www.nacweb.org/principles/)

Mail, fax, or email completed form to:

Eileen Soisson, Coordinator of Employer Relations
Coastal Carolina University Career Services Center
PO Box 261954, Conway, SC 29528-6054
843.349.2267 Fax 843.349.2718
esoisson@coastal.edu

FOR CCU USE ONLY

Date Received: _____ _____ Approved _____ Not Approved