Pre- Antioch Job Confirmation Form

Please complete and return via fax or regular post.

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

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:

_____ _____
from to

COMPENSATION:

_____

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