**Student Internship Application 191A/191B** 

**Instructions:**
The following form includes both the student and employer sections. First complete the ‘Student section’ fully and accurately, and then complete the ‘Learning Site’ section with your supervisor.

**IMPORTANT:** Please type! You must put a valid employer email address or your internship will not get processed correctly. All fields marked with a red asterisk (**\***) are required.

**Student Section**

(**\***) Student ID number:

(**\***) First Name: (**\***) Last Name:

(**\***) Email Address:

(**\***) Graduation Date:

(**\***) Local Phone:

(**\***) Local Address:

(**\***) City: (**\***) State: (**\***) Zip:

 (**\***) Desired Internship Level: □191A (min. 200 hours) □191B (min. 300 hours)

(**\***) Is this your first Internship? □Yes □No

If not, where and when was your 191A completed?

(**\***) Are you an international student? □Yes □No

(**\***) Have you taken HSPM 65 already? □Yes □No

**Learning Site (Internship Location)**

(**\***) Name of Firm

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| --- |
|  |

(**\***) Address of Firm

|  |
| --- |
|  |

(**\***) Person Responsible for Supervising Internship

 Name Title

|  |  |
| --- | --- |
|  |  |
| Email |  | Phone |  |
|  |  |

(**\***) Is this internship site listed in SJS4? □Yes □No

**Type of Hospitality Facility:**□ Lodging □ Food & Beverage □ Event Management □ Tourism □ Marketing

□ Winery □ Other, Please specify:

**Internship Details**

 (**\***) Title of Your Internship Position:

Preferred Dates of Internship (while most internships follow our fall, spring or summer semester calendar, other arrangements are possible)

\* Starting Day &Date \* Ending Day & Date

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| --- | --- |
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Does the position offer the opportunity to:

(**\***a). Rotate through different departments? □Yes □No
(**\***b). Complete or work on a special project? □Yes □No

(\*c) Description of Internship Tasks and/or Learning Outcomes (please note that all tasks must be defined in ADA compliant ways – if an internship requires specific abilities – lifting, walking, etc.) these must be defined as a percentage of the overall task assignments)

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Actual Location of Internship (if different than learning site address):

(**\***) Compensation, if any, provided to the intern *(salary, end of internship bonus, room, board, transportation, or other benefits, etc.)*

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Specific requirements

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Age 21 or over |  | Specific dates or days intern must be available |  | Food Handler’s Card |  | Bonded |  | ABC License Holder |  | Driver’s License |  |

***IMPORTANT:*** *The State of California requires that all internship sites register with the state once every 5 years. Visit* <https://app.calstates4.com/sjsu> *to see if your site is already registered.*

*I understand that this is an application for an internship position, subject to approval of the university. No guarantee of an internship is offered if it does not meet educational standards as judged solely by the SJSU Department of Hospitality, Tourism and Event Management*

**By signing this form, I hereby certify that the above information is accurate and complete.**

Student Supervisor