

TECHNOLOGY WORK EXPERIENCE INTERNSHIP PROGRAM
Employer Interest Form

The Technology Work Experience Internship Program provides matching funds to approved postsecondary educational institutions in support of students completing internships or work experiences with Pennsylvania technology companies. Companies and/or postsecondary institutions will be required to pay only 50 percent of the student's wages, with the remaining 50 percent provided by the Pennsylvania Higher Education Assistance Agency (PHEAA).

In order to participate, an employer must be a company involved in scientific research and product development in a technology or related field which is less than eight years from incorporation or employs fewer than 500 full-time employees. If your company meets these requirements and is interested in participating, your company will be placed on a list of participating employers which will be made available to participating students and schools. If you employ a student in this program, you will be required to agree to comply with program requirements.

By completing this application, each emerging technology employer certifies that, consistent with 73 P.S. § 400.3105, the employer shall: agree to provide each intern with career-related work experience that will build on the student's classroom knowledge; agree not to use the intern to replace any employee, including employees who may be laid off or on strike; have the right to approve the selection of any student placed in an internship with that company; add each employee to the business payroll and return all reconciliation materials by the dates required and adhere to any requirements that PHEAA may adopt.

Complete this application only if you meet the above requirements and are agreeable to these terms.

Section I - Employer Demographic Data

1. Employer Name _____
2. Federal Tax/Employer Identification Number _____
3. Address _____
_____ County _____
4. Telephone Number _____ Fax Number _____
5. Website Address _____
6. Program Coordinator (on-site person responsible for the placement of students and the company's involvement in this program) _____
Title _____ Telephone Number _____
E-Mail Address _____
7. Provide a brief description of your company and the type of work it performs.

Section II - Jobs Information

1. Job Title _____

Job Description _____

Available Jobs: Summer _____ Academic Year _____ Salary Range (optional) _____

2. Job Title _____

Job Description _____

Available Jobs: Summer _____ Academic Year _____ Salary Range (optional) _____

3. Job Title _____

Job Description _____

Available Jobs: Summer _____ Academic Year _____ Salary Range (optional) _____

If your company has more than three types of jobs, please attach an additional sheet.

Section III - Employer Certification

I hereby certify that the information contained on this form is correct and that this company is eligible to participate. I understand that submission of this form does not guarantee that this company will be approved to hire students. When a student applies for employment with this company, I understand that an agreement must be executed with the postsecondary institution that the student attends, and that an official of this company must complete the agreement before the student will be approved to work.

Name _____ Signature _____

Title _____ Telephone Number _____

Date _____

Return the completed form to:

**Technology Work Experience Internship Program
State Grant and Special Programs
Pennsylvania Higher Education Assistance Agency
P.O. Box 8114
Harrisburg, PA 17105-8114**