

Cedarville University
Co-op Employer Application

To be filled out by the employer

Name of Company _____ Date _____

Name of Contact _____ Phone Number _____

Company Address _____

Special accommodations for a disability? Yes _____ No _____

If yes, what accommodations can you provide? _____

What co-op position(s) or work is the company offering?

What semesters are you offering co-ops? (Check all that apply) Fall _____ Spring _____ Summer _____

Duration of the Co-op _____ Number of Co-op Positions Available _____

Student Compensation? Yes _____ No _____ If yes, what is an approximate salary range? _____