

BAY AREA CHAPTER



NORTH BAY SAN FRANCISCO GREATER OAKLAND
SAN MATEO SANTA CLARA

2018 INTERN PROGRAM REQUEST FOR INTERN

COMPANY NAME: _____

CONTACT PERSON: _____

Phone _____ E-mail Address: _____

A. We are interested in participating in the 2018 Bay Area SMACNA Intern Program: ___ Yes ___ No

B. I have/don't have an Intern I would like to hire: ___ Yes, Name: _____
___ No, please send me qualified applications

If you are interested in hiring an Intern, please provide responses to the following:

1. We would like an Intern (s) to work in:

___ Accounting ___ Administration ___ Architecture ___ Engineering ___ Estimating

___ Project Management ___ Purchasing ___ Shop/Field (one per firm between 4/30/18 - 9/28/18)

Other _____

2. What date would you like your Intern to start: _____

3. Would you like your Intern to work: ___ Full-time ___ Part-time ___ Either ___ Summer Only

4. Additional Comments or Requests: _____

Please return this form via fax to 510-635-0320 or e-mail Marlena Petrich at
mpetrich@bayareasmacna.org

THANK YOU FOR YOUR PARTICIPATION!