



OFFICE OF CAREER SERVICES

Student Job No. _____

Date: _____

Blind Listing

FT PT SJ SI INTERN POST

Employer Information

Employer Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

E-mail: _____ Web: _____

Contact Person: _____ SJU Alumnus/a

Person Providing Listing: _____ SJU Alumnus/a

Size and Type of Practice: _____

Job Information

Position: _____

Class Year: Day Evening
 1st 2nd 3rd 4th

Qualifications: _____

Duties: _____

Hours: _____ **Salary:** _____

Application Materials Requested:

Cover Letter Resume Writing Sample Other: _____

Means of Application: Mail Fax Telephone E-mail

Employer Requests No Telephone Calls

Deadline: _____