Western Nebraska Community College
Internship Program
Training Agreement

________________________(Student) will work approximately ________ hours per week
beginning on or about _________________ and ending on or about ________________.

Starting wage for this position will be _________________ and will be paid _________________.

Number of credits to be granted for successful completion of this internship experience will be
___________________.

EMPLOYER
The employer agrees to employ the student under the same conditions and roles that govern other
employees regardless of age and sex, race, national origin or disability and to provide appropriate
supervision and varied work experiences as agreed upon in the Learning Objectives. The
employer agrees to aid in the evaluation of the student. The employer is in no way obligated to
continue the student’s employment or give preferential treatment because of this agreement.

_____________________________________________ ________________________
(Name and address of employer)    (phone)

_____________________________________________ ________________________
(Signature of supervisor)     (date)

STUDENT
The student agrees to perform diligently the work assigned by the employer according to the
same company policies and regulations as apply to regular employees. The student is
responsible for turning in all assignments at the required times, for attending consultations with
the Faculty Coordinator and the Director of Career Assistance and Internships when requested,
and for allowing an evaluation of her/his job performance. The student will keep her/his
employers, the Faculty Coordinator and Director as Career Assistance and Internships informed
on matters affecting her/his education and Internship Program.

_____________________________________________ ________________________
(Name and address of student)    (phone)

_____________________________________________ ________________________
(Signature of student)      (date)

_____________________________________________ ________________________
(Signature of Faculty Coordinator)    (date)

_____________________________________________ ________________________
(Signature of Director of Career Assistance
and Internships)    (date)