



## Manufacturing Training to Careers – Internship Program

**Implemented by Workforce Solutions for North Central PA with funding Provided by the Department of Community Economic Development**

Please submit this application to: [scunningham@ncwdb.org](mailto:scunningham@ncwdb.org)

If you have questions about the process or application, please contact Workforce Solutions at 814-245-1835

### Section 1: Employer Contact and Internship Information

EMPLOYER NAME:	ADDRESS:	TELEPHONE NUMBER:
CONTACT NAME AND TITLE:	EMAIL:	DESCRIPTION OF PRODUCTS/SERVICES:
Wage Provided by Employer:  <b>NOTE: MUST PAY A MINIMUM OF \$10.35/HOUR – NO EXCEPTIONS</b>	Intern Start Date:  <b>NOTE: Internship hours do not have to be completed during consecutive weeks and there is not a requirement for a specific number of hours per week.</b>	Intern End Date:
Length of Internship: Please describe the Hours per Week, Month, etc. (Please describe the work schedule for the intern. For example, will the intern work full time or part time, how many hours per week, month, etc.):		
<b>DEPARTMENT USE ONLY</b>		
Reimbursement will be 50% of the Hourly Wage.	Maximum Reimbursement: 50% OF HOURLY WAGE X HOURS/WEEK WITH A \$3,000.00 MAXIMUM REIMBURSEMENT:	

### Section 2: Occupational Information and Training Plan

<b>Intern’s Training Plan</b>
Occupation / Job Title:
Intern’s role (Job Description)

Internship relevance to studies
Learning objectives for the Intern
Describe the methods of training the Intern will receive and regular reviews
Core competencies that the Intern should possess by the completion of the Internship

**Section 3:** In the Space below explain how the proposed internship will meet the goals of the Manufacturing Training to Careers Internship Program as described in the program overview. Our goals are to engage the intern by encouraging them to stay or return to the North Central PA region and to provide the youth with a valuable internship and possible employment with your company. This section is critical in determining the value of the internship. Please be as descriptive as possible. This narrative has a 200-word limit and must address the goals of the Internship Program.

**Section 4: Signatures**

By signing below employers agree to the terms identified on the Application Criteria:

***Authorized Signatures***

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EMPLOYER SIGNATURE:

DATE:

TYPE/PRINT NAME:

TYPE/PRINT TITLE: