

<b>POLIMODA</b>	Nome documento: <b>MODULO DI OFFERTA STAGE</b>	Codice documento: <b>M09P7-5-3</b>
	File di archivio: <b>Modulo_offerta_Stage_EN.doc</b>	Data emissione: <b>28/02/08</b>

DATE \_\_\_\_\_

APPLYING COMPANY NAME \_\_\_\_\_

ACTIVITY SECTOR \_\_\_\_\_

REPRESENTATIVE: Mr./Ms. \_\_\_\_\_

ADDRESS: Number \_\_\_\_\_ St./Ave. \_\_\_\_\_

CITY \_\_\_\_\_ POSTCODE \_\_\_\_\_ (STATE \_\_\_\_\_) COUNTRY \_\_\_\_\_

TEL. \_\_\_\_\_ FAX \_\_\_\_\_

WEBSITE \_\_\_\_\_ COMPANY EMAIL ADDRESS \_\_\_\_\_

**WE HEREBY OFFER THE FOLLOWING INTERNSHIP POSITION:**

Job Title: \_\_\_\_\_

Job Description (Office / Occupations / Duties)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

REQUIRED LANGUAGES    ENGLISH     ITALIAN     FRENCH     GERMAN     SPANISH     OTHER \_\_\_\_\_

LANGUAGE LEVEL \_\_\_\_\_

IT KNOWLEDGE \_\_\_\_\_

REQUIRED SKILLS / PERSONAL ABILITIES \_\_\_\_\_

\_\_\_\_\_

**POSITION DESCRIPTION**

INTERNSHIP START DATE: \_\_\_\_\_

INTERNSHIP LOCATION: \_\_\_\_\_

ADDRESS \_\_\_\_\_

OFFERED BENEFITS (SALARY, ACCOMMODATION, ETC.) \_\_\_\_\_

\_\_\_\_\_

The Company applying for the service allows Polimoda to disclose the offer to students and graduates, together with the Company name and website.

Approval  
(Company stamp and representative signature)

\_\_\_\_\_

Please, fill in the form carefully and send it with signature to the contact below:

Polimoda  
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