



KOHLER RONAN, LLC
CONSULTING ENGINEERS

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Rory S. Ronan, PE
Craig F. Razza, PE
Joseph V. Lembo, PE
Steven V. Lembo, PE
Erik D. Bodelsen, PE
Talya Santillan, PE

2020 Summer Internship Program June 1st-August 7th (10 weeks)

REQUIREMENTS

Materials due by March 20th, 2020

APPLICATION FORM

Be sure to indicate the applicable discipline and preferred office location. Complete the PDF online and save for electronic submission with supporting materials listed.

LETTER OF INTEREST

Explain your interest in the internship position. What do you hope to take away from the program, and what contributions can the Firm expect from you?

CURRENT RESUME

TWO LETTERS OF RECOMMENDATION

Provide at least one recommendation from a faculty member and another from a previous employer. Each contact should be familiar with your work.

E-MAIL APPLICATION & SUPPORTING MATERIALS TO:

krce@kohlerronan.com

Subject: 2020 Summer Internship Program



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2019 Summer Internship Program

June 3rd-August 9th (10 weeks)

APPLICATION

Materials due by March 15th, 2019

PLEASE INDICATE THE APPLICABLE DISCIPLINE AND PREFERRED OFFICE LOCATION:

- | | |
|---|---|
| <input type="checkbox"/> ELECTRICAL ENGINEERING | <input type="checkbox"/> MECHANICAL ENGINEERING |
| <input type="checkbox"/> DANBURY, CONNECTICUT | <input type="checkbox"/> NEW YORK, NEW YORK |

FULL NAME _____

STREET ADDRESS _____

CITY/STATE/ZIP _____

EMAIL _____

PHONE _____

EDUCATION (CURRENT)

The program is open to graduate students and undergraduates in their junior or senior year of an electrical or mechanical engineering program at an accredited college or university.

COLLEGE/UNIVERSITY _____

MAJOR/DEGREE _____

EXPECTED GRADUATION _____

COMPLETED YEAR _____

EDUCATION (PREVIOUS)

COLLEGE/UNIVERSITY _____

MAJOR/DEGREE _____

RELEVANT EXPERIENCE (IF APPLICABLE)

EMPLOYER #1 _____

POSITION _____

DATES OF EMPLOYMENT _____

EMPLOYER #2 _____

POSITION _____

DATES OF EMPLOYMENT _____

REFERENCE #1

NAME/TITLE _____

INSTITUTION/COMPANY _____

PHONE/EMAIL _____

REFERENCE #2

NAME/TITLE _____

INSTITUTION/COMPANY _____

PHONE/EMAIL _____