

Qualified Employer Application for Jobs4Youth



Contact Information

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|---------------------------------------|--|
| Company Name | |
| Street Address | |
| City ST ZIP Code | |
| Prospective Supervisor's Name | |
| Prospective Supervisor's Phone Number | |
| E-Mail Address | |

Availability

Briefly describe the nature of your business and indicate your preference for hours to be worked:

Weekday mornings Weekday evenings
 Weekday afternoons Other: _____

Qualifiers

Please indicate with a "Y" (Yes) or "N" (No) whether you are currently able to provide the following. (Note that a negative answer does not automatically disqualify you and we are willing to work with your company to procure the necessary accommodations required to participate as a qualifying employer.)

- Do you have a transferrable skill or trade the participant can learn under your mentorship?
- Can you provide for the participant to be in the presence of two or more adults at all times?
- Can you commit to employing the participant for a minimum of 300 hours (~6 months)?
- Can you ensure the confidentiality of our participants in the Jobs4Youth program?
- Can you commit to communicating with Jobs4Youth on the status and progress of participants?
- Can you, to the best of your knowledge and abilities, provide a drug free work environment?
- Does your company currently carry premise liability insurance?

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

| | |
|----------------|--|
| Name (printed) | |
| Signature | |
| Date | |