



Work Experience Employer Application

Date: _____

Business Name: _____

Physical Address: _____

Mailing Address: _____

Telephone Number: _____

Are all records maintained at the above address: Yes _____ No _____

If no, please provide the address: _____

Indicate all representative(s) authorized to sign a binding contract/agreement and/or invoice documents:

Authorized Representative

Job Title

Federal Employer Identification Number (FEIN, 9 digits) _____

Are you enrolled in the E-Verify Federal Work-authorization program? Yes _____ No _____

If yes, attach documentation.

Type of Business: Corporation _____ Sole Proprietor _____ Public Agency _____ Not-for-Profit _____

Briefly describe your company, the type of service or products.

Year Established _____ Total number of employees _____

Has your business ever relocated? Yes _____ No _____

If relocated, from where? _____

Is your company currently under a lay-off, hiring freeze, or hourly reduction? Yes _____ No _____

What is/are the current job opening(s)?

Job Title: _____ Hourly Rate of Pay: _____

Job Title: _____ Hourly Rate of Pay: _____

Job Title: _____ Hourly Rate of Pay: _____

Describe your ability to train new employees:

Your signature below indicates your willingness to participate in the Work Experience Program.

Authorized Representative: _____

Job Title: _____ Date: _____