



Work Experience (WE) / Subsidized Employment (SE) Work Site Application Form

To be completed by Workforce Center staff.

Date: _____

Staff Name/Title: _____

Company: _____

1. Has the company participated in the Program before?

Yes _____ No _____

2. Is the company offering training in a targeted occupation?

Yes _____ No _____

If "No", explain
how it would be
beneficial to
participant

3. Is the company currently involved in a labor dispute?

Yes _____ No _____

4. Will a current worksite employee be displaced by a Subsidized Employment (SE) Trainee (including partial displacement such as reduction in the hours of non-overtime work, wages or employment benefits).

Yes _____ No _____

5. Is public transportation available to training site?

Yes _____ No _____

6. On-site inspection of working facilities made?

Yes _____ No _____

A. Company has, or will obtain, the necessary experience, organization skills, and equipment to fulfill contract/agreement?

Yes _____ No _____

B. Does the employer provide a safe working environment?

Yes _____ No _____

7. Has the company been briefed on all-important aspects of the program and required compliance with

Yes _____ No _____

If "No", explain

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8. Job Title/Description _____

9. Proposed Wage _____

Average Entry
Level Wage
in Area

10. Work Site location _____

11. Company Representative _____

12. Telephone Number _____ Fax Number _____

I certify that the above information is true and correct and any false statements will prevent company from being considered as a Subsidized Employment Work Site.

Workforce Center Staff Signature

Title

Signature of Authorized Company Representative

Date

For Office Use Only
Approved _____
Not Approved _____
Reason _____ _____ _____
Date _____

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