

Worksite Request Form Summer Youth Employment Program

Date: _____

Worksite /Business Name: _____
(Department / Division)

Type of Business:

State Government Private non-profit
 County Government Federal Government

Authorized Work Agreement Signatory: _____
(Print Name)

Address: _____ Contact Person: _____

City: _____ Phone #: _____ ext. _____

Zip Code: _____ e-mail: _____

Immediate Site Supervisor: _____

Start Date: _____ Phone #: _____ ext. _____

e-mail: _____

	Number of Positions	Title of Position (clerical, laborer, service, etc)	Days and Hours of Work (i.e. 7:45 - 4:30)	Minimum Age	Safety Equipment Needed		**Green Occupation	
					Yes	No	Yes	No
ex.	5	Laborers	Monday through Friday, 7:00 a.m. - 3:00 p.m.		x		x	
1								
2								
3								

Brief job duties of above positions listed:

1	
2	
3	

**Green occupations are those that apply environment and clean energy technology or provides services that are energy efficient and/or use environmentally safe products.

Types of safety equipment provide by worksite:

Hard Hat Safety Vests
 Goggles Safety Glasses
 Gloves Steel Toe Boots / Shoes
 Raingear Steel Toe Rubber Boots
 Other _____

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