



Your Partner for Success

CAREER JUMP EMPLOYER APPLICATION

Participant: _____

JAS: _____

Business/Agency: _____ Date: _____

Address: _____
Number/Street City/State Zip Code

Length of Time in Business: _____ Total # of Employees: _____

Contact Person: _____ Work Number: _____

Job Interviewer: _____ Work Number: _____

On Site Supervisor: _____ Work Number: _____

Job Title of Position Requested: _____

Number of Subsidized Trainees: _____ Total Hours Per Week: _____

Schedule: Start Work At: _____ End Work At: _____

Days: SUN MON TUE WED THU FRI SAT

On bus line: Yes No Unsure

1. General Responsibilities: _____

2. Describe what equipment, tools, or machinery the trainee will use: _____

3. Describe the minimum knowledge, abilities and skills desired of an employee in this position:

- A. _____
- B. _____
- C. _____
- D. _____
- E. _____

4. Physical demands: _____

5. Educational skills required (check the ability needed to do this job):

	LOW	AVERAGE	HIGH
Reading			
Writing			
Math			

6. Other Requirements: _____

A. Specific age? _____ (If required by Washington State Labor Laws)

B. Driver's License? Yes No

C. Other? _____

7. Please check special clothing that the trainee will need, and if the worksite will provide these items:

<u>Items</u>	<u>Provided by Work site</u>					
_____ Work Boots	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
_____ Rain Gear	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
_____ Work Gloves	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
_____ Other (Please list)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>

8. Wage Rate During Training: \$7.01 per hour, 20 hours per week.

9. Wage Rate Upon Completion of Training (completion of 5 months)

\$_____ per hour, _____ hours per week