

OJT/WAP
Employer Information Page

Company Name: _____

Company Address: _____

Contact Person: _____ Contact Number: _____

Job Title: _____ Starting Wage: _____

Are there current any layoffs at this position? YES NO

Attach job description

Job Title: _____ Starting Wage: _____

Are there current any layoffs at this position? YES NO

Attach job description

Job Title: _____ Starting Wage: _____

Are there current any layoffs at this position? YES NO

Attach job description

Type of Company: Corporation Public Agency
(Please Check One) Partnership Non-Profit
 Individual Proprietor Other: _____

Workers Compensation Carrier: _____

Carrier's Address: _____
City State ZIP

Carrier's Phone Number: _____

Policy Number: _____

Federal Tax ID/IRS Number: _____

State UI Tax Number: _____

Employer Signature

Date

*****This page must be completed and returned to the One Stop office for review before a Worksite Agreement can be signed. An onsite visit will be conducted before the Worksite Agreement is put into place and all job descriptions should be attached to this form at the time of its completion or it will be considered incomplete and no Worksite Agreement will be issued until they have been generated or agreed upon. *****