2020 SUMMER EMPLOYMENT PROGRAM (AGES 14-20)

**WORKSITE REQUEST**

**Please return by May 1, 2020 to ensure consideration.**

Thank you for requesting to supervise young workers as they gain valuable work experience.

Please note that **we cannot guarantee** that your site will be provided with youth workers.

Organization Name:

Street:

City/ZIP: Email:

Contact Person: Phone:

Fax Number:

1. Youth workers cannot replace workers in job titles where layoffs or reduction of hours have occurred.
2. Youth workers cannot impact the profit margin of the hiring organization.

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| --- | --- | --- | --- | --- |
| **Job Title** | **Number of****Workers****Requested** | **Participant’s****Work Hours/Days****(Please provide a set schedule—youth may work no more than 25 hr/week)** | **Staff Person****who will be working with****Participants** | **Staff Person’s****Phone Number** |
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|  |  |  |  |  |
|  |  |  |  |  |

* Do you require a pre-hire PPD (a TB test)? [ ]  Yes [ ]  No
* Any other pre-hire requirements, including documents to be completed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Do you have a minimum age requirement because of labor laws? [ ]  Yes [ ]  No
	+ If yes, what is the minimum age of the youth you can accept? \_\_\_\_\_\_\_\_\_\_\_
	+ Are you willing to accept 14-15 year olds? [ ]  Yes [ ]  No
* Do you have any employees currently laid off or reduction of hours? [ ]  Yes [ ]  No
	+ If “Yes,” what job titles?
* What are the job duties and skills required for the above positions?

* Are you interested in year-round youth workers as well? [ ]  Yes [ ]  No

Questions? Please call Glenn Aronow at (716) 278-8148.

Form may be sent by: FAX: **(716) 278-8149** -or- email: **Glenn.Aronow@niagaracounty.com**

-or- Mail: Niagara County Employment & Training, 1001 Eleventh St, Niagara Falls, NY 14301