



Today's Date: \_\_\_\_\_

I would like to hire a youth!     I would like to become a worksite!  
 I would like to pledge a donation!

Company Name: \_\_\_\_\_ FEIN Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Company Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Extension: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email address: \_\_\_\_\_ Company Web Address: \_\_\_\_\_

Are you a Federal Contractor? \_\_\_\_\_ Employer Type: Private \_\_\_\_\_ Government \_\_\_\_\_

Number of Positions \_\_\_\_\_ Schedule Preferred \_\_\_\_\_ CORI/SORI required? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you a Drug Screening Employer - EOE/AA? Yes \_\_\_\_\_ No \_\_\_\_\_

Days & Hours of Operation \_\_\_\_\_ Age Preference \_\_\_\_\_

JOB SPECIFICATIONS:    CONFIDENTIAL     NOT CONFIDENTIAL

Job Title: \_\_\_\_\_ Job location, if different from above: \_\_\_\_\_

Job Description (attach file if necessary):  
\_\_\_\_\_  
\_\_\_\_\_

If you are not able to offer a position at this time, please consider making a \$255 donation to cover one youth for one week of work in a community work-based learning experience.

(Any donation amount will make a difference)

#### DONATION LEVELS

\$255 donation = 1 week of work    \$765 donation = 3 weeks of work    \$1530 donation = 6 weeks of work

Company Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Donation Amount: \_\_\_\_\_

Your donation is tax deductible! Please make checks payable to: MassHire Holyoke, for your records, we will send our tax ID number along with your invoice.

MassHire Holyoke , 850 High Street, Holyoke, MA 01040

Phone: (413) 532-4900 Fax (413) 532-0293 Email: glebron-martinez@masshireholyoke.org