

**SUBSIDIZED EMPLOYMENT PROGRAM  
EMPLOYER INFORMATION SHEET**

RWB Name:

Employer Name and Address:

Primary Contact/Title:

Email

Telephone Number:

Fax Number:

Is your Organization:     Private For-Profit     Non-Profit     Public

How many and what type of positions are available for this project?

<b>Number of Positions</b>	<b>Position Title and Job Description</b>	<b>Wage Rate</b>	<b>Hours/Week</b>	<b>Number of Weeks</b>

NOTE: (Add additional positions on a separate sheet)

Scheduled date for when subsidized jobs will begin:

Commitment to Retain Employee after Subsidization Period: Yes     No

Employer of Record:

A completed Budget Sheet is attached: Yes     No

A completed project budget sheet is attached to this application. The undersigned, acting on behalf of the employer, agrees to commit the amount of funding indicated on the budget sheet that the employer must contribute, and agrees to provide all necessary supervision and training for the subsidized employees. The signature of the RWB representative attests that the application has been reviewed by the regional workforce board and determined eligible for funding consideration.

\_\_\_\_\_

(Signature) Name and Title of Employer Representative:

\_\_\_\_\_

Date:

\_\_\_\_\_

(Signature) Name and Title of Regional Workforce Board Representative:

\_\_\_\_\_

Date:

