

**SCHENECTADY COUNTY SUMMER YOUTH EMPLOYMENT
COOPERATIVE
JULY 6 - AUGUST 14, 2009**

*****Worksite Request Form 2009*****

**Schenectady County Job Training Agency (SJTA)
797 Broadway
Schenectady, New York 12305
(518) 344-2770 Fax (518) 382-5988**

Business Information:

Business _____

Address _____

City _____ State _____ Zip _____

Business Description _____

Please list business hours and days available for youth employment: _____

Circle One: Private Sector Non-Profit

Has your business previously participated in a Summer Youth Employment Program with Schenectady County? _____ Yes _____ No

Business Contact Information:

Business Representative Name: _____

Business Representative Title: _____ Phone # _____

Direct Supervisor Name: _____

Direct Supervisor Title: _____ Phone # _____

Alternative Supervisor Name: _____ Phone # _____

SCHENECTADY COUNTY SUMMER YOUTH EMPLOYMENT
COOPERATIVE REQUEST APPLICATION

JOB DESCRIPTION:

1. Title of Summer Employment Position: _____
2. Number of Employees Requested: _____
3. Minimum Age of Employee requested: _____

WORK *Describe fully work to be completed:*

EQUIPMENT TO BE USED ON THE JOB: (technology, tools, machines)

If summer employee will work at a location other than the stated above, complete the following:

- a) Location: _____
- b) Phone: _____
- c) Percentage of Total Hours: _____

SPECIAL REQUIREMENTS/OTHER COMMENTS (physical, fingerprinting, etc.)

If you would like to request a specific participant to work with you, please list their names below. They will be placed with you only if they meet the requirements of the program and apply in a timely manor as the program operates strictly on a first come, first serve basis.
