

YOUTH EMPLOYMENT PROGRAM – WORK SITE REQUEST FORM

Name of Organization/Business

Contact Person

Address

Site Supervisor(s)

City State Zip County

Phone

E-Mail

Please indicate the job openings that are being requested for summer youth employment. The job title and specific duties for each position should be detailed below. Please have specific goals and objectives in mind for positions requested.

1. Job Title: _____

Minimum Age	Number of Workers Needed	Hours Per Week	Wage

Duties: _____

2. Job Title: _____

Minimum Age	Number of Workers Needed	Hours Per Week	Wage

Duties: _____

Comments or special requests: _____

Please return this form to: Eriann Faris
SW MN Private Industry Council
607 W. Main
Marshall, MN 56258

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