

ONEIDA COUNTY WORKFORCE DEVELOPMENT YOUTH EMPLOYMENT PROGRAM WORKSITE REQUEST FORM

DATE _____

AGENCY _____

ADDRESS _____

AGENCY CONTACT _____

PHONE _____

JOB DESCRIPTION

JOB TITLE _____ # YOUTHS REQUESTED _____

SPECIFIC JOB DUTIES (Attach additional sheets if requesting to hire more than one youth worker and job duties are different)

MINIMUM AGE REQUIREMENT (and REASON) _____

ACTUAL WORKSITE LOCATION _____

YOUTH'S WORK DAYS & HOURS _____

IMMEDIATE SUPERVISOR _____

SUPERVISOR'S TITLE AND TELEPHONE # _____

**ALTERNATE SUPERVISOR _____

ALTERNATE'S TITLE AND TELEPHONE # _____

INCLEMENT WEATHER PLAN (Include inclement weather worksite location if different from above _____)

COMMENTS (Include need for special uniforms, tools, and/or equipment & skills – i.e. typing _____)

Save this form to your computer and complete the required information. Use the fill- in boxes to type your contact information. Double-check for accuracy.

Email this form to dmathis@ocgov.net or mail it to: Oneida County Workforce Development, 209 Elizabeth St., Utica, NY 13501. Pre-applications may also be returned to the Office of Workforce Development at 209 Elizabeth St., Utica. Questions? Call OCWD at (315)798-5543.