

Summer Worksite Application – Workforce Investment Act

Kirkwood Community College - Creating Futures

Please complete all questions on the **WORKSITE INFORMATION** form below. All information on this form is required to participate as a worksite in the summer youth job program. If you have any questions about this application or the summer youth job program, please contact Carla Andorf at 319-398-5105.

WORKSITE INFORMATION

Name of Business:		IRS #:	
Address:		Telephone:	
Name of Company Representative:			
How long has this company been in operation?		How long at this address?	
Hours of operation:		Private, public or non-profit entity:	
Are you an Equal Opportunity Employer?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Number of present permanent employees:	
Do you have a written EEO policy?	YES <input type="checkbox"/> NO <input type="checkbox"/>	*If Yes, please attach a copy of it.	
Are you currently utilizing other taxpayer funds for training or employment for any of your employees?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you signed a preliminary agreement to utilize other training programs funded with taxpayer's funds or operated by a public agency?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you have employees on lay-off?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Do you have employees on strike or lock-out?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you in compliance with all state and federal labor laws?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you had a 50% turnover rate of your employees within the last year?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Will this limited internship/ work experience displace a currently employed worker?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Is this position subject to a collective bargaining agreement? *If yes, please attach a written concurrence from the bargaining representative, as to the position and rate of pay and the name, title and union affiliation of the representative.		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Does your business receive federal funding?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, please explain:	
Please list holidays observed by your company:			
Please list any additional work areas a trainee may be exposed to within this company:			
Please suggest the name of an accountant or bank officer with whom a business reference can be verified:			

I certify that this information is accurate to the best of my knowledge.

Signature: _____

Print Name: _____

Job Title: _____

Date: _____

Please Sign, Date and submit:

- 1) Fax to: 319-398-5252 Attn: Carla; OR
- 2) Scan and email to: Carla.andorf@iwd.iowa.gov; OR
- 3) Mail to: Kirkwood Creating Futures; 1030 5th Ave SE; Suite 3000 Attn: Carla; Cedar Rapids, IA 52403.