

EMPLOYER PROFILE

1. **Employer (Business) Name:** _____

2. **Address:** _____

3. **Phone Number:** _____ **Fax Number:** _____

4. **Email Address:** _____

5. **Type of Organization:**

<input type="checkbox"/> Corporation	<input type="checkbox"/> Sole Proprietorship
<input type="checkbox"/> Non-Profit	<input type="checkbox"/> Partnership
<input type="checkbox"/> Government	

6. **Number of Current Employees:** _____

7. **Years in Business:** _____

8. **Federal Tax ID Number:** _____

9. **Workmen's Compensation Carrier:** _____

10. **Union:** YES NO

11. **Current Layoffs:** YES NO *(Within the last 6 Months)*

12. **Briefly describe the nature of your business:** _____

13. **Type of Employment Available:** _____
***attach job description (s)*

14. **Full-Time** **Part-time** **Intent to hire permanently:** YES NO

15. **Starting Wage:** \$ _____

16. **Level of Education and/or Skills required:** _____

Additional Comments: _____

Employer Representative/Date

Way to Work Representative/Date

WGCJTA, Inc. Representative

Approved: YES NO