

Employer Profile Worksheet



Employer Contact Management System

Date _____

To:

Attention:

Fax Number:

From	Attention	Phone	Fax
Address			
City	State	ZIP	County
Internet Access <input type="radio"/> Yes <input type="radio"/> No	E-mail Address _____ @ _____		
Web Site Address _____			
What is your company's primary industry?			
With which of the following can we and our partner agencies help you?			
<input type="radio"/> Current Openings to Fill <input type="radio"/> Future Hiring Periods, contact me in <input type="radio"/> 3 <input type="radio"/> 6 <input type="radio"/> 9 <input type="radio"/> 12 Mos. <input type="radio"/> Coordinate Tax Incentives <input type="radio"/> Work Opportunity Tax Credit (WOTC) <input type="radio"/> Training for New Employees <input type="radio"/> Enterprise Zone (EZ) Tax Credits <input type="radio"/> On the Job Training (OJT) <input type="radio"/> Employer Advisory Council (EAC) Seminars and/or Membership <input type="radio"/> Hiring Welfare Recipients <input type="radio"/> Job Shadowing <input type="radio"/> School to Career <input type="radio"/> Hiring "High Density Unemployment Area" (HDUA) Residents <input type="radio"/> Employee Skill upgrades <input type="radio"/> Business Plan and Loan Packaging Services <input type="radio"/> Other (describe) _____ <input type="radio"/> Employment Law <input type="radio"/> Unemployment Insurance (UI) <input type="radio"/> Disability Insurance (SDI) <input type="radio"/> Employment Taxes			
Please enter the approximate number of employees in each occupational category:			
_____ Managerial and Administrative _____ Professional, Paraprofessional, and Technical Occupations _____ Sales and Related Occupations _____ Clerical and Administrative Support Occupations _____ Service Occupations _____ Agricultural, Forestry, Fishing, and Related Occupations _____ Production, Construction, Operating, Maintenance, and Material Handling Occupations _____ Other _____			
Does your company offer employee benefits? If yes, please check appropriate boxe(s)			
<input type="radio"/> Medical <input type="radio"/> Dental <input type="radio"/> Vision <input type="radio"/> Life Insurance <input type="radio"/> Profit Sharing <input type="radio"/> Retirement Plan <input type="radio"/> Child Care <input type="radio"/> Other _____			
Is public transportation available for? <input type="radio"/> Day Shift <input type="radio"/> Swing Shift <input type="radio"/> Graveyard Shift			
Is your company a Federal Contractor? <input type="radio"/> Yes <input type="radio"/> No			