

BSR: _____

Program Information

- The participant can be scheduled a **minimum of 10 hours per week (15 hours per week for Pre-ETS)** up to **40 hours per week** for a **maximum of 240 hours**.
- Supervisors will be required to submit timesheets for each participant who are paid by FCI bi-weekly.
- FCI does not provide background checks, TB test, or drug screens. If your organization wishes to conduct any pre-employment requirements, it will be the responsibility of your organization to cover the costs.
- The responsibility of the Supervisor is to **teach** and **mentor** the participant through work experience.
- **The submission of a job request does not guarantee a participant will be placed at your worksite.**

Please provide the following information as thoroughly as possible so that we can accurately match a participant to the appropriate worksite, based both on their abilities and your requirements.

General Information

Business Name: _____ O*Net Code: _____

Address / City / Zip: _____ NAICS Code: _____

Contact Person: _____ Workman's Comp Class Code: _____

Phone: _____ FAX: _____ Email: _____

Immediate Supervisor: _____ Phone: _____ Email: _____

Alternate Supervisor: _____ Phone: _____ Email: _____

Please list who should be contacted for an interview: Name: _____

Phone: _____ Email: _____

A. Has the company relocated in the past 120 days resulting in layoffs? Yes ☐ No ☐

B. Labor Union Concurrence: Yes ☐ No ☐ Not Applicable ☐

Job Description

A. Job Title: _____

B. Number of Participants Requested: _____ Number of Hours / Week (40 hrs/week Max.): _____

C. Job Description Attached: Yes ☐ No ☐

*** Participants shall not drive any motor vehicle requiring DMV licensing or special certification.***

D. Prevailing wage for position: _____

E. Is there a minimum age requirement for this position? If so, what is it? _____

F. Is the worksite within a half mile of a bus line? Yes ☐ No ☐

G. Are you able to accommodate a participant with a physical disability? Yes ☐ No ☐

If no, please explain (ex. Not an ADA accessible facility, needs to use a ladder...) _____

H. Are there any pre-employment requirements (drug screening, background check...)? If so, what are they?

I. List any special health/safety precautions, any tools/uniform requirements, and who will provide them:

J. If the job is predominately outdoors, list alternative plans for inclement weather:



Skills and Competencies

A. Workplace Competencies – The goal of work experience is to provide opportunities for participants to acquire workplace competencies and skills. Please check at least six (6) specific competencies that apply to this position.

- | | | |
|--|--|---|
| <input type="checkbox"/> Willing to Learn | <input type="checkbox"/> Basic Mathematics | <input type="checkbox"/> Communication Skills - Verbal |
| <input type="checkbox"/> Adaptability | <input type="checkbox"/> Personal Management | <input type="checkbox"/> Communication Skills - Written |
| <input type="checkbox"/> Goal Setting Skills | <input type="checkbox"/> Hands-On | <input type="checkbox"/> Creative |
| <input type="checkbox"/> Problem Solving | <input type="checkbox"/> Soft Skills | <input type="checkbox"/> Social Skills |
| <input type="checkbox"/> Leadership Skills | <input type="checkbox"/> Team Work Skills | <input type="checkbox"/> Technical Skills |

Skills/ Competencies to be learned during internship:	Skill Level to be Obtained	Training Method and Who training will be provided by	Approximate Hours
	<input type="checkbox"/> Not Skilled <input type="checkbox"/> Some Skill <input type="checkbox"/> Skilled		
	<input type="checkbox"/> Not Skilled <input type="checkbox"/> Some Skill <input type="checkbox"/> Skilled		
	<input type="checkbox"/> Not Skilled <input type="checkbox"/> Some Skill <input type="checkbox"/> Skilled		
Academic skills to be learned during work experience:	<input type="checkbox"/> Not Skilled <input type="checkbox"/> Some Skill <input type="checkbox"/> Skilled	Training Method and Who training will be provided by:	Approximate Hours:

Availability

A. Supervision will be available during the following hours: (i.e. 9 a.m. – 5 p.m.)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Acknowledgment

The worksite agrees and acknowledges that:

- The participant will not be credited for absences, non-worked hours, lunch breaks or recreation time.
- The participant will receive sufficient training, work and assigned materials for hours requested.
- An alternate supervisor will be available when direct supervisor is not there.
- Worksite Monitor will be contacted if any part of the job description changes.

If submitting the form electronically, type in name, title, date, and check the box for agreement. ☐

Signature: _____

Title: _____

Date: _____

