

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: \_\_\_\_\_

