



Date of Request: ___ / ___ / ___

Subsidized Employment Training Program Business Request Form

Completion of this document allows a business to be considered for the program, but is not a guaranteed authorization to participate in the program. This decision will be made by the Workforce management team.

As a condition of the program businesses must meet the following eligibility requirements:

- No layoffs within the last 60 days
- Proof of current payment into Unemployment Insurance (unless exempted by State of CO with written documentation)
- Proof of current payment into Workers Compensation.

Company Name: _____ Nature of Business: _____

Contact Person: _____ Address: _____

City: _____ Zip: _____ County: _____

Phone: _____ Fax: _____

Email: _____

Web Address: _____ Federal Contractor? Yes No

Layoffs in the past year? Yes No If yes, explain: _____

POSITION PROFILE

Title of Open Position: _____

Work Location: _____ Min. Age: _____ # of Openings: _____

Does the requested position(s) require the use of a personal vehicle? Yes No RTD accessible: Yes No

Days of Work: M T W TH F S Sun Work Schedule (time): _____ to _____

Dates position(s) are being requested: ___ / ___ / ___ to ___ / ___ / ___

Hours per week for the position (Max. of 40 Hrs): _____

Does this position require a background check? Yes No Drug test required? Yes No

Will Hire: Ex-Offenders: Yes No Case by Case Basis Non-English Speaking: Yes No

Tools and/or equipment required of employee(s): _____

Requirements (candidate must have these skills/abilities to be considered): _____

What skills/areas of expertise are you willing to train candidate in? _____

*****Please attach job description to this request form*****

Please return form to Jefferson County Workforce Center Business Services

BusinessServicesTeam@jeffco.us

Fax: 303.271.4622

Questions: 303.271.4739