

**SUMMER YOUTH EMPLOYMENT AND TRAINING PROGRAM
WORKSITE PARTICIPATION SURVEY**

(FAX TO: 609-485-0067 Attention: S. Forman)

Name of Organization: _____

Address: _____ City: _____ State: _____ Zip: _____

Primary Contact Person: _____ Title: _____

Phone: _____ Fax: _____ Email: _____

Type of Entity: (Check One)

_____ Federal Government _____ Municipal Government _____ Non-Profit Organization _____ State Government
_____ Public School District _____ County Government _____ Community Based Organization _____ Other: _____

Survey Questions

1. Is your full time workforce covered by a collective bargaining agreement?

If YES, provide the name of the union(s)? _____

If YES, do you believe that Union Concurrence will be needed for your organization to participate as a worksite for the Summer Youth program?

_____ YES _____ NO

_____ YES _____ NO

2. Do you currently have or expect to have any employees laid off as of June 30, 2009?

_____ YES _____ NO

3. Will you REQUIRE youth assigned to your worksite to take and pass substance abuse screening/testing as a condition of starting work?

If YES, explain testing/screening requirements: _____

_____ YES _____ NO

4. Will you REQUIRE youth assigned to your worksite to have a background check and/or fingerprinting as a condition of starting work?

If YES, explain the requirements and job title(s) to which it applies: _____

_____ YES _____ NO

(OVER)

Instructions: Please complete the Job Request Worksheet below. Feel free to make copies of this sheet and submit extra pages with your survey.

Department/ Division/Unit Youth Would Work In	Job Title	# of Youth in Title	Hrs/ Week to be Worked	Special Requirements (if any)

To the best of our knowledge these are the job requests that our organization may preliminarily provide for the Summer Youth Employment and Training Program.

Prepared By: _____ Authorized By: _____
 Title: _____ Title: _____
 Date: _____ Date: _____
 Signature: _____ Signature: _____