

***WORKSITE APPLICATION***

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| --- | --- | --- | --- | --- | --- | --- |
| **Organization Name:** |  |  |  |  |  | **Section 501(c)(3) Organization****Yes ☐ No ☐** |
| **Contact Name:** |  |  |  |  |  |  |  |
| **Address:** |  |  |  |  |  |  |
| **City:** |  | **State:** |  |  |  | **Zip Code:** |  |
| **Phone # (Ext):** |  | **Email:** |  |  |  |  |  |
| **SUPERVISION** |
| Please list the names of staff responsible for supervising interns. Those supervising interns must be physically present for the entire time the workers are on site. |
| **Worksite Supervisor:** |  |  |  |  |
| **Back-up Worksite Supervisor:** |  |  |  |  |
| **Worksite Address:** |  |  |  |  |  |  |
| **City:** |  |  **State:** |  | **Zip Code:** |  |
| **Worksite Supervisor Phone #:** | **Email:** |  |  |  |
| **Back-up Worksite Supervisor Phone #:** | **Email:** |  |  | **On Bus Line:**  **Yes ☐ No ☐** |



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**JOB TITLES**

**Provide in the space below the job titles and the number of positions to be filled for each.**

**Attach a detailed job description for each unique position that will be filled by an intern.**

**Drug Screen:** Yes \_\_\_ No \_\_\_

**Background Check:** Yes \_\_\_ No \_\_\_

**INTERN WORK SCHEDULE**

* Workers can work a maximum of eight hours daily, never to exceed 30 hrs./ wk.
* The worker is limited to a maximum of 240 hours.
* Workers who work more than four (4) consecutive hours MUST receive a minimum 30-minute lunch break.
* Supervisor will need to attend an orientation

What is your desired work schedule for interns? Please circle desired workdays for intern.

Monday Tuesday Wednesday Thursday Friday Saturday

Please indicate work hours: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Individual completing form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Thank you for your willingness to participate as a worksite this summer.