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**Work Experience Program (WEP) Worksite Application Form**

**1. Business Name**:

**2. Type of Business/Industry**:

**3. Street Address**:

**4. Mailing Address**:

**5. City**:       **Stat**e:       **Zip Code**:

**6. Contact Person**:

**7. Email Address**:

**8. Telephone Number**:       **Mobile/Cell Number**:

**9. FAX Number**:       **Website Address**:

\* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \*

**10. WEP Position/Title**:       **Number of positions**:

**11. Projected Start Date**:       **Work Hours:**

**12. Supervisor Name**:

**13. Days of the Week (Check all that apply):**  
  Mon  Tues  Wed  Thurs  Fri  Sat  Sun  Rotating

**14. Dress code for position**:

**15. Do you currently have employees on layoff?** Yes  No

**16. Are you interested in meeting with a Business Services Administrator to discuss the**

**Worksite Agreement at your location?**  Yes  No

**17. If YES, what is the best Day/Time for meeting?**

***Please return completed form via email to:*** [***DebraKeelin@mantracon.org***](mailto:DebraKeelin@mantracon.org)

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