

**Employers:**  
**Get 100% Wage Reimbursement**  
**on New Hires until September 30, 2010!!**



**FOR MORE  
INFORMATION CALL:**

*Pennsylvania*  
**CareerLink**<sup>®</sup>

**Crawford County**

**Julie Price**

**814-337-5574 X 4175**

**Clarion & Forest**

**Tina Sigel**

**814-223-1550**

**Venango & Warren**

**Gary Shaw**

**814-678-5061**

*Administered by:*



- ✚ 100% gross wage reimbursement up to \$13.00 per hour until September 30, 2010. (Employer pays wage taxes)
- ✚ Candidate for hire must meet program guidelines.
- ✚ Candidate for hire must reside in Clarion, Crawford, Forest, Venango, or Warren County.
- ✚ Employer identifies the job responsibilities of the position to be filled.
- ✚ PA CareerLink will even recruit suitable referrals at no cost to fill job opening.
- ✚ Employer chooses the best candidate for the job.
- ✚ PA CareerLink will prepare a contract to meet the needs of and to be approved by the Employer.
- ✚ Employer submits a monthly invoice with time sheets.
- ✚ PA CareerLink monitors the Trainee's progress during the Way to Work contract period.
- ✚ Way to Work services are not guaranteed, but based on eligibility, suitability and availability of funding.
- ✚ Way to Work contract must be written and signed before 1<sup>st</sup> day of employment.
- ✚ Completed Way to Work Employer Information Form and detailed job description must be submitted to PA CareerLink 2 weeks prior to proposed employment start date.

**Equal  
Opportunity  
Program.**

**Auxiliary aids and services  
are available upon request to  
individuals with disabilities.**



Please complete all questions and return with a 1 page Job Description  
 to you local CareerLink representative Crawford County: Julie Price, 814-337-5574 X 4175  
 Clarion & Forest: Tina Sigel, 814-223-1550: Venango & Warren, Gary Shaw 814-678-5061  
**\*\*\*Both must be received 1 week prior to proposed employee start date\*\*\***

COMPANY NAME: \_\_\_\_\_ FEDERAL TAX ID #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ TITLE: \_\_\_\_\_

PHONE: \_\_\_\_\_ Fax: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

WORKERS COMPENSATION CARRIER: \_\_\_\_\_ POLICY #: \_\_\_\_\_

ARE ANY EMPLOYEES CURRENTLY LAID OFF?  YES  NO IF YES, HOW MANY? \_\_\_\_\_

IS COMPANY IN COMPLIANCE WITH OSHA REGULATIONS?  YES  NO

BUSINESS TYPE:

CORPORATION  INDIVIDUAL EMPLOYER  PARTNERSHIP  OTHER: \_\_\_\_\_

HAS THE COMPANY EVER UTILIZED THE OJT PROGRAM BEFORE?  YES  NO

IF YES, ARE THOSE EMPLOYEES STILL RETAINED?  YES  NO

IF NO, PLEASE BRIEFLY EXPLAIN REASON FOR EMPLOYEE(S) LEAVING:

\_\_\_\_\_

CANDIDATE FOR HIRE: \_\_\_\_\_ PHONE #: \_\_\_\_\_

PROJECTED JOB TITLE: \_\_\_\_\_ START DATE: \_\_\_\_\_

THIS POSTION IS:  PERMANENT  TEMPORARY

HOURLY WAGE RATE: \$ \_\_\_\_\_ HOURS PER WEEK: \_\_\_\_\_ (Note: Wage/ hours cannot be lowered after contract expires)

HAVE AT LEAST 2 WORK REFERENCES BEEN CHECKED FOR THIS INDIVIDUAL?  YES  NO

BENEFITS (PLEASE CHECK ALL THAT APPLY):  MEDICAL  DENTAL  VISION  
 SICK TIME  PAID VACATION  RETIREMENT PLAN

NAME(S)/ TITLE(S) of TRAINER(S): \_\_\_\_\_

DOES THE COMPANY HAVE A UNION?  YES  NO

IF YES, PLEASE LIST NAME AND TITLE OF UNION OFFICIAL WHO WILL ALSO SIGN THE CONTRACT?

\_\_\_\_\_