



Workforce Development Board of North Missouri Work Experience Pre-Award Review

EMPLOYER INFORMATION			
Business Name:			
FEIN:		Number of Employees:	
Business Address:			
City:	State:	Zip code:	
Employer Contact Name:			
Title:		Phone Number:	
Email:			
Brief Description of Business/Sector:			

EMPLOYER ELIGIBILITY REVIEW			
Question	Yes	No	Comments
Does your business have any health or safety violations that have been reported but not correct?			
Will the placement of the participant displace or reduce the hours of your current workforce?			
Will the placement of the participant result in the infringement of promotional opportunities of your current employees?			
Has your business given notice of layoffs to any employees in the last 365 days? If Yes Have you recalled or attempted to recall all employees who entered active layoff or participated in the Missouri Shared Work Program?			
Will the participant be involved in the construction, operation, or maintenance of any part of a facility that is used, or is to be used, for religious instruction or as a place for religious worship?			
Do you agree to provide safe and healthy working conditions for the participant?			
Do you agree to be compliant with all Equal Opportunity (EO) regulations (Does not discriminate in training or hiring practices because of race, color, sex, national origin, religion, physical or mental disability, political beliefs or affiliations or age)?			
Do you agree to provide adequate worksite supervision to allow the participant to learn job duties?			

ONLY REQUIRED FOR THE ON-THE-JOB TRAINING PROGRAM			
Does the position pay at least \$1.00 above the current minimum wage?			
Would this position be considered full-time (32 hours or more per week)?			
Is this position a permanent position?			

Employer Signature

Job Center Review Staff