**Employer Profile Worksheet**

**Employer Contact Management System**

To:  
Attention:  
Fax Number:  

<table>
<thead>
<tr>
<th>From</th>
<th>Attention</th>
<th>Phone</th>
<th>Fax</th>
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</thead>
<tbody>
<tr>
<td>Address</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>City</td>
<td>State</td>
<td>ZIP</td>
<td>County</td>
</tr>
<tr>
<td>Internet Access</td>
<td>Yes</td>
<td>No</td>
<td>E-mail Address @</td>
</tr>
<tr>
<td>Web Site Address</td>
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**What is your company’s primary industry?**

**With which of the following can we and our partner agencies help you?**

- Current Openings to Fill
- Coordinate Tax Incentives
- Training for New Employees
- On the Job Training (OJT)
- Hiring Welfare Recipients
- School to Career
- Employee Skill upgrades
- Other (describe) ____________________________
- Employment Law
- Unemployment Insurance (UI)
- Disability Insurance (SDI)
- Employment Taxes
- Medical
- Dental
- Vision
- Life Insurance
- Profit Sharing
- Retirement Plan
- Child Care
- Other ____________________________

Please enter the approximate number of employees in each occupational category:

- ___ Managerial and Administrative
- ___ Professional, Paraprofessional, and Technical Occupations
- ___ Sales and Related Occupations
- ___ Clerical and Administrative Support Occupations
- ___ Service Occupations
- ___ Agricultural, Forestry, Fishing, and Related Occupations
- ___ Production, Construction, Operating, Maintenance, and Material Handling Occupations
- ___ Other ____________________________

**Does your company offer employee benefits? If yes, please check appropriate boxe(s)**

- Medical
- Dental
- Vision
- Life Insurance
- Profit Sharing
- Retirement Plan
- Child Care
- Other ____________________________

**Is public transportation available for?**

- Day Shift
- Swing Shift
- Graveyard Shift

**Is your company a Federal Contractor?**

- Yes
- No