



NEW JOB FORM

Please complete and submit this form to a Co-op Coordinator: irene.mayfield@kresa.org or scott.wills@kresa.org

Business: _____

Address: _____

City: _____ Zip Code: _____

Contact Person: _____

Phone: _____ Fax: _____

E-Mail: _____

Business Website Address: _____

Date Job Received: _____

Date Job Filled: _____

Student: _____

School: _____

Starting Date Needed: _____

Hours Needed: _____

Business Type: _____

Business Hours: _____

Hourly Pay: _____

of Employees: _____

Duties of Co-op student:

Qualities you're looking for:

Directions to business:

How did you hear about the Co-op program?

Is a drug screen required?	Yes	No	Do you carry general liability insurance?	Yes	No
Is a background check required?	Yes	No	Will student have constant supervision?	Yes	No
Are safety shoes required?	Yes	No	Will any driving be required as part of position?	Yes	No
Do you carry worker's comp insurance?	Yes	No			