

RETURN TO:
Michelle Vandenberg
Workforce Investment Act
335 Messenger Road, Room 501
Keokuk, IA 52632
FAX: 319-524-3043

**REQUEST FOR EMPLOYERS
FLOOD EMERGENCY JOBS PROJECT**

Worksite _____ County _____

Address _____ City _____ Zip _____

Phone Number _____

Name of person signing contract _____

Name/Title of site supervisor _____

Name of person(s) authorized to sign time sheet _____

List of names of every person who might supervise EPJ employees during the project _____

When do you anticipate needing employees to start work? _____

Job description for individual(s) requested: _____

Number of individuals requested _____ Workday hours _____ to _____

Tools/Equipment EPJ employees may be working with: _____

Special requests/requirements: _____

Age (if restricted by job description and child labor laws) _____

Check if required: _____ Driver's License _____ Safety Equipment _____ Work boots

_____ Work gloves _____ Other

Signature

Date