

SF Job Number:

Employer Name: _____ Today's Date: ____ / ____ / ____

Business Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: 1. Office: _____ 2. Home: _____

3. Cell: _____ 4. Fax: _____

Email: _____

Website: _____

First Time Employer? (check one) NO YES : ID # _____

(new employers please present valid ID to Employment Specialist)

please tell us how you heard about CASA

- Flyer
- Voice/Guide
- Postcard
- Craig List
- Email/Phone Call
- Referral
- Church Bulletin
- Other _____

Job Title: _____

Job Description: _____

of Workers: _____

Employer Comments:

Estimated Hours: _____

JOB PAYS: \$ _____

Payment Method: (check one)	<input type="checkbox"/> In Cash
	<input type="checkbox"/> By Check

Transportation Required: Yes No

Tools Required: No Si

Specify : _____

I have read and reviewed this Employment Agreement in its entirety. By signing this Agreement, I agree to fully comply with each of the terms and conditions set forth above.

Employer Signature: _____ date: _____ Witness: _____ date: _____

~ CASA de Maryland does not participate in the verification of documents for employment ~

CASA de Maryland participation in this negotiation is strictly as a facilitator between the two parties involved in this agreements CASA is not a party to this agreement.

#	Name	Membership #
1		
2		
3		
4		
5		

Notes and Amendments

Date:	Description:	ES Initials: