

JOB PLACEMENT INFORMATION

QUALITY CAREER SERVICES
2515 WABASH AVENUE, SUITE LL1
ST. PAUL, MN 55114
PHONE: (651) 647-9322 FAX (651) 647-0423

DATE: _____ GRANT NAME: _____

CLIENT NAME: _____

PHONE: _____

EMPLOYMENT INFORMATION

COMPANY NAME: _____

ADDRESS: _____

CITY/ZIP CODE: _____

PHONE NUMBER: _____

JOB TITLE: _____

STARTING WAGE _____ START DATE _____

1.) Temporary Position: YES _____ NO _____ Hours Per Week _____
or

2.) Full Time _____ Part time _____ Hours Per Week _____

IS THE POSITION TRAINING RELATED? YES _____ NO _____

DOES THE EMPLOYER PAY INTO THE MN UI TAX FUND? YES _____ NO _____

BENEFITS: YES _____ NO _____

WHAT PRODUCT DOES THE COMPANY MAKE OR WHAT SERVICES DOES IT PROVIDE?

HOW DID YOU FIND OUT ABOUT THIS POSITION?

If you have accepted full time/part time (**temporary employment**) or (**part time employment**) a letter from your employer is needed to continue dislocated worker services.

The letter must be on company letterhead and state if your employment is temporary or part time. Temporary employment letter must have your ending date of employment. If part time employment the letter must have total hours you are working per week.

Are you attending school? YES _____ NO _____ Date of Graduation _____

Planning on attending school? YES _____ NO _____ Date _____