



Upper Shore Workforce Investment Board

PO Box 8, Wye Mills, MD 21679
410-822-1716
www.uswib.org

Name: _____ Date: _____

EMPLOYER INFORMATION

*Employer Name: _____
*Address Line 1: _____
*City: _____
*State: _____
County: _____
*Zip code: _____
*Contact Phone Number: _____ Ext _____

JOB INFORMATION

*Job Title: _____
*Occupation: _____
*Is this a green job? Yes No
*Hours worked per week: _____ (ex. 99.9)
*Hourly Wage: _____
*Job Start Date: _____ Currently Employed

*Job Duties _____

REASON FOR LACK OF EMPLOYMENT (i.e. medical, health, family care, etc.) **PLEASE EXPLAIN:** _____

