

JWB EMPLOYER _____
CITY EMPLOYER _____

Boley Centers, Inc.
Youth Employment Program
JOB ORDER FORM

EMPLOYER INFORMATION

Employer/Company Name _____ Type of Business _____

Address _____ City _____ State _____ Zip _____

Jobsite Location (if different from above) _____

Phone: () _____ Fax: () _____ Email: _____

Contact Name/Title _____

Payroll or Employee Leasing Company Name/Phone (if applicable): _____

Employer Signature: _____ **Date** _____

POSITION INFORMATION

Job Title _____ Number of Positions Requesting _____

Position period: _____ to _____

Knowledge, Skills, Education desired _____

JOB DESCRIPTION _____

DAILY ATTIRE _____

REPORT TIME ON FIRST DAY OF WORK _____

SPECIAL INSTRUCTIONS OR REQUESTS _____

PAYROLL INFORMATION

Pay Rate (Employer): \$ _____ Pay Rate (Boley): _____ Pay Process: **Bi-Weekly**

Total Rate Per Hour: \$ _____ **(This is a temporary position under these terms)**

Do you perform criminal Background Checks? _____ Are you a drug free workplace? _____

Days Worked _____ Hours Worked _____ Days or Evenings? _____

- **Interns may not work any overtime and should not be scheduled to work on holidays**
- **The Employer will receive an invoice every two weeks for the hours worked by the intern**
- **Make payments to Boley Centers, Inc. within 10 days of receiving the invoice**
- **Please do not make any checks payable to the intern**

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