Department of Human Resource Development ~ DHRD

SYEP
Employer/Organization Profile

Organization Name: _____
This name will be on your employer profile folder.

Mailing Address: _____

Physical Address: _____

Telephone Number: _____ FAX Number: _____

E-Mail: _____
Please list email of contact person

Key Contact Person(s): _____

Job Description(s)

Position Name/ Title: _____

Number of students needed: _____ Age requirement: _____

Supervisor: _____ Job Location: _____

Work Schedule: (Start Date: 7/27/2022) _____
(End Date 8/6/2022)
Identify work days & number of hours per day.

Position Name/ Title: _____

Number of students needed: _____ Age requirement: _____

Supervisor: _____ Job Location: _____

Work Schedule: (Start Date: 7/27/2022) _____
(End Date 8/6/2022)
Identify work days & number of hours per day.