Smith Center Workforce Recruitment Incentive Application

Business Name: _____

Contact Person: _____ **Title:** _____

Business address: _____

Phone: _____ **Email:** _____ **Website:** _____

Describe Business: _____

NAICS Code: _____

Annual Revenue: _____

Annual Payroll: _____

No. full-time employees: _____

No. part-time employees: _____

Position Title: _____

How many employees are you seeking for this position in Smith Center?		
Certifications or Licensure Required:		
Education Required:		
Work Experience Required:		
Starting Hourly Wage or Annual Salary	$ $	per hour salary
Employee Benefits:		
Does this position have supervision responsibilities? *If yes, supervision of how many employees?*	Yes / No	
This position is responsible for an estimated annual revenue of:	$	
Describe how a recruitment incentive would help fill this position (use attachments if needed):		

Position Title: _____

How many employees are you seeking for this position in Smith Center?	
Certifications or Licensure Required:	
Education Required:	
Work Experience Required:	
Starting Hourly Wage or Annual Salary	$ per hour $ salary
Employee Benefits:	
Does this position have supervision responsibilities? *If yes, supervision of how many employees?*	Yes / No
This position is responsible for an estimated annual revenue of:	$
Describe how a recruitment incentive would help fill this position (use attachments if needed):	

Employer Signature(s): _____

Printed Name(s):_____

Date: _____

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For SCED Office Use Only

____ Completed application

Approved: _____

Received: _____

Position Approved: _____

Received by: _____

Hire Date: _____

Award Disbursement Date: _____