

Participant Information	
Name (Last, First, Middle) _____	Intrax ID _____
Date of Birth [ ____ / ____ / ____ ] <small>MM DD YYYY</small>	Email Address _____ Partner Name _____
Employer Information	
Name of Company _____	
Description of Company _____	
Street Address _____	
EIN (Tax ID) _____	Corporate website (if any) _____
Supervisor's Name (Last, First) _____	Supervisor's Title _____
U.S. Telephone Number (____) _____	Mobile Number (____) _____
Email Address _____	
Worker's Compensation Policy Number _____	Carrier _____
Is this position of a seasonal nature? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please describe what makes the position seasonal: _____	
<small>[Intrax will verify seasonality per §62.32 (b)] _____</small>	
Will participants be paid prior to receiving their Social Security Card? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Position Information	
Job Title _____	Position Description _____
Site of Activity (if different from company address) _____	
Approximate hours of work per week (average of 32 required for first job) _____	
Starting Hourly Wage _____	Hourly Overtime Wage _____
Overtime required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Overtime available? <input type="checkbox"/> Yes <input type="checkbox"/> No
Tipped position? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Pay Frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly	
Are meals provided during shift? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there a cost to participant for meals? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, estimated cost of meals _____
Employment Dates: Start Date [ ____ / ____ / ____ ] <small>MM DD YYYY</small>	End Date [ ____ / ____ / ____ ] <small>MM DD YYYY</small>
Other Job Requirements	
Supplies Required (i.e. non-skid shoes, belt, etc.) _____	
Estimated supplies cost _____	
Other Job Conditions/Requirements _____	
Housing and Transportation Information	
Housing Provided by Employer <input type="checkbox"/> Yes <input type="checkbox"/> No	
Cost per week per participant _____	
<small>Note: If participant has not secured housing and host company does not assist, placement could be rejected</small>	
Transportation Available (employer provided or local transit system) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Cost of Transportation _____	