



**CITY OF LITTLE ROCK DEPT. OF COMMUNITY PROGRAMS  
EMPLOYER WORKSITE INFORMATION FOR SUMMER JOBS**



*PLEASE COMPLETE AND RETURN TO*  
**Fax: (501) 399-3425 • Email: masanders@littlerock.gov**

**DEADLINE: FRIDAY, APRIL 28, 2017**

**Please Print**

**Business/Organization Name:** \_\_\_\_\_

**Department Name:** \_\_\_\_\_ **Director's Name:** \_\_\_\_\_

**Little Rock Address:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_ **Total # Summer Jobs Requested** \_\_\_\_\_

**PLEASE FILL OUT A SEPARATE APPLICATION FOR EACH DIFFERENT WORKSITE.**

**Immediate Supervisor:** \_\_\_\_\_ **Title** \_\_\_\_\_

**Worksite Address:** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**List each position available. Please attach the job description for each one.**

- 1. \_\_\_\_\_ 2. \_\_\_\_\_
- 3. \_\_\_\_\_ 4. \_\_\_\_\_

**Is there an age requirement? No [ ] Yes [ ] Required Age** \_\_\_\_\_

**Are there special skills required? (Please list: e.g., typing, computer skills, etc.)**

- 1. \_\_\_\_\_ 2. \_\_\_\_\_
- 3. \_\_\_\_\_ 4. \_\_\_\_\_

**If requesting a returning worker, list name of youth:** \_\_\_\_\_

**How many years has this person worked at your location?** \_\_\_\_\_ (NOTE: Intern can only work for 2 years at the same location)

**What are the requested work hours?**

[ ] **Full-Time: Maximum hours authorized to work: 8 hours a day; 32 hours a week (Monday – Thursday)**

[ ] **Part-Time: 4 hours a day; 16 hours a week (Monday – Thursday); Prefer Mornings [ ] Afternoons [ ]**

**Can you directly hire at least ONE youth intern to help us increase the number of students placed?**

Yes [ ] No [ ]

**Please return this form to:**

**Michael Sanders, Community Resources Manager**  
**City Hall, Suite 220W**  
**500 W. Markham Street, Little Rock, AR 72201**  
**Phone: (501) 399-3442 • Fax: (501) 399-3425**  
**Michael Sanders <masanders@littlerock.gov>**