

## PAID WORK EXPERIENCE WORKSITE INFORMATION SHEET

Name of Organization: \_\_\_\_\_

Primary Worksite Address: \_\_\_\_\_

Phone No: \_\_\_\_\_ Fax: \_\_\_\_\_

Primary Contact/Title: \_\_\_\_\_ Email: \_\_\_\_\_

Secondary Contact/Title: \_\_\_\_\_ Email: \_\_\_\_\_

Worksite Supervisor/Title: \_\_\_\_\_

Phone No: \_\_\_\_\_ Fax: \_\_\_\_\_

Number of Positions Available: \_\_\_\_\_

Position Description: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have additional worksites?  Yes  No

Is your Organization:  Private For-Profit  Non-Profit  Public

### Additional Worksite Information

Worksite Address	Contact Person	Contact Phone	Total Positions Available

Fax to: Tracey Atkins, GAIN Coordinator  
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