



Employment Survey - Youth

290 North D Street, Suite 600
San Bernardino, CA 92415
(909) 387-9859

Participant Information

Name: _____

Last 4 of SSN: _____

Employment Information

Business Name: _____

Business Address: _____

Supervisor's Name: _____ Phone: _____

Employee's Position/Job Title: _____

Start Date: _____ Wage Rate: \$_____/Hr Hours/Week: _____/Wk

Industry: _____

Receiving Fringe Benefits:

Receiving Health Care Benefits:

Job covered by Unemployment Comp.:

Entrepreneurial and/or Self Employment:

Registered Apprenticeship:

Active Military Service:

Non-Traditional Employment:

Training Related Employment:

Youth Provider Information

Provider Organization: _____

Staff Name: _____ Date: _____

Phone Number: _____

Comments: