

Workplace Essential Skills Employer Agreement

Business Name: _____

Contact Name & Title: _____

Address: _____

Phone Number: _____

Email Address: _____

I, _____, agree to participate as a partner employer in the Workplace Essential Skills Certificate Program. As a partner, I guarantee the following for Certificate holders:

_____ Interview

_____ Consideration of applicant through first round of hiring

_____ Other (Please specify): _____

