## **WORKSITE AGREEMENT**

parties agree that	made between ArtsTech and the EMPLOYER shall provide meani cordance with the General Assurar	ingful work experience and	
EMPLOYER INFORMATION	Company Name:		
IN ONWATION	Federal Employer ID Number (FEIN):		
	Address:		
	City, State, Zip Code:		
	Telephone Number :		
	Contact Person :		
	Collective Bargaining Agent (if applicable):		
	Location of Training Facility:		
	TRAINING OCCUPATIONS	NUMBER OF PARTICIPANT	SUPERVISOR NAME
WORK INFORMATION			
Signature of Employer/Authorized Representative		Print name and Title	Date



Print Name

Date

Authorized Agency Signature

