

TRI-TOWN YOUTH SERVICES

P.O. BOX 897

DEEP RIVER, CT 06417

tel. 860-526-3600

fax 860-526-3600

**YOUTH JOB BANK
EMPLOYER APPLICATION**

Your name _____

Address _____ Town _____ Zip _____

Phone _____ Email _____

JOB DESCRIPTION: (basic terms of employment, hours, wages, etc.)

SPECIFIC SKILLS/AGE/REQUIREMENTS:

EMPLOYER'S STATEMENT

1. I represent that all job opportunities will comply with applicable local, state, and Federal law.
2. I understand the Tri-Town Youth Services Bureau is providing potential employers with referrals and not recommendations with regard to its youth application.
3. As an employer, I will check references, conduct interviews, and take other steps as are necessary to determine that persons referred are suitable for the position(s) I have available.
4. I agree to waive and hold harmless Tri-Town Youth Services Bureau from any claim relating to the employment of persons referred by Tri-Town, including but not limited to accidents or injuries sustained during the scope of employment.

Employer's signature

Date

Phone