

WS# _____



ARCHDIOCESAN YOUTH EMPLOYMENT SERVICES

3250 Wilshire Blvd., Suite 1010
Los Angeles, CA 90010

LA COUNTY SUPPLEMENTAL AGREEMENT

(Please type or print when completing this form)

TRAINING SITE NAME: _____
ADDRESS: _____ **CITY:** _____ **ZIP CODE:** _____
TELEPHONE: _____ **FAX:** _____ **TAX ID:** _____

STAFF PERSON(S) RESPONSIBLE FOR DIRECT SUPERVISION OF TRAINEE(S):

Name: _____ *Title:* _____ *Email:* _____

TRAINEE JOB TITLE: _____

Provide separate sheet for each additional job title.

DETAILED JOB DESCRIPTION:

SPECIAL JOB REQUIREMENTS:

WORK DAYS AND HOURS: _____

INDICATE NUMBER OF TRAINEE(S): _____