

# Willis Young Professionals and Craftspeople Program

## BUSINESS APPLICATION

Summer 2017

Complete BOTH SIDES of this application for consideration as a mentor in the Willis Young Professionals and Craftspeople Program in Summer 2017. Return the form to [sosborne@ci.willis.tx.us](mailto:sosborne@ci.willis.tx.us), or send or take it to City Hall: ATTN: Stacey Osborne/ City of Willis EDC/ 200 North Bell/ Willis, TX 77378. If you have any questions or if you need clarification about any of the questions, please contact Stacey Osborne, Willis EDC Director, at 713-456-9429.

### BUSINESS INFORMATION

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BUSINESS NAME

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CONTACT NAME	CONTACT PHONE
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CONTACT EMAIL ADDRESS	COMPANY WEBSITE
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BUSINESS ADDRESS	CITY/STATE/ZIP
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JUNE 12 - 30  
 JULY 10 - 28  
 JULY 31 - AUGUST 11 (TWO WEEKS)

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HOURS OF OPERATION	PLEASE INDICATE WHICH WORK PERIOD(S) YOU CAN OFFER APPRENTICESHIPS (CHECK ALL THAT APPLY)
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DOES YOUR WORKER'S COMPENSATION INSURANCE COVER STUDENTS AGES 16 - 18?       YES       NO

DO YOU DO A BACKGROUND CHECK ON YOUR EMPLOYEES?       YES       NO

### SIGNATURES

Your signature below constitutes your commitment to participate in the program for at least 4 weeks; provide 9 hours per week and pay each apprentice a rate of \$9 per hour less \$1.62 (\$7.38 per hour); provide a meaningful experience for each apprentice; work with the training facilitator, Dr. Michael Fortunato, to provide feedback for training sessions.

Your signature also indicates your understanding that the The City of Willis EDC's responsibilities include: advertising and marketing the Willis Young Professionals and Craftspeople Program; matching students with appropriate companies; supplementing the hourly pay rate at a rate of \$1.62 per hour for a total of 9 hours per week per student for the 12-week period of the program (not to exceed \$174.96 per student); and coordinating the overall program. The EDC is not involved in, and does not control, the actual transaction between employers and apprentices. As a result, the EDC is not responsible for the quality, safety or legality of the student, the ability of student to perform his or her duties and the EDC makes no representations about any of the companies involved.

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BUSINESS OWNER NAME (PLEASE PRINT)	TITLE
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BUSINESS OWNER SIGNATURE	DATE
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# BUSINESS INTEREST FORM

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BUSINESS NAME

*Please answer the following questions to the best of your ability. Feel free to add an additional page if needed.*

What interests you about the Willis Young Professionals and Craftspeople Program?

What, in your opinion, makes a good employee?

What will you offer for the apprentice(s) working in your business?

What do you think about the City of Willis?

What are your expectations for this program?

How do you think you can contribute to the Willis community?