



Health & Human Services
YouthWorks Department

City of Berkeley YouthWorks Worksite Information and Job Order Form

Company Name: _____

Address: _____

Phone: _____ Fax: _____

Contact Person: _____

Start Date: _____ End Date: _____

Title of Position:	
Number of Participants Requested:	
Hourly Wage:	
Work Schedule:	
Specific Duties:	
Skills Desired:	
Training that participant will receive:	