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**Employer Registration Form**

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| 1. **Complete and submit this Registration Form\* to Mary Yapejian:** [**YapejianMary@countyofkane.org**](mailto:YapejianMary@countyofkane.org)   *This form will only need to be completed once and may be submitted along with your first job posting; you will then be able to post as many jobs as you like that meet the* ***General Requirements****.*   1. **Complete and submit a Job Board Posting Form for each unique job title/position that you are requesting to post on our Job Board page.**   **\****All information provided will be kept confidential and used for the purposes of accessing services/funding through our programming. We will not disclose your company’s private information to an outside party without your consent, unless required or authorized to do so by law or other regulation.* |

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| **COMPANY INFORMATION** | | | | | | | |
| **Company Name** |  | | | | | | |
| **Street Address** |  | | **City/State/ZIP** |  | | | |
| **County** | Kane  Kendall  DeKalb | | **Company Website** |  | | | |
| **Federal Employer Identification Number (FEIN)** |  | | **Years in Operation at Current Location** |  | | **Total Years in Business** |  |
| **North American Industry Classification System Code (NAICS)** |  | | **Number of Full-Time Employees at Location** |  | | | |
| **Brief Company Description/**  **Products and/or Services Provided** |  | | | | | | |
| **Legal/Tax Structure of Business** | Sole Proprietor  C Corporation  S Corporation | Partnership  Limited Liability Company (LLC)  Other- *Please Specify*: | | | Private For-Profit  Nonprofit | | |
| **How did you hear about our services?** *Please be as specific as possible.* | Kane County Website/Internet/Social Media:  Workforce Development Division/Illinois workNet Center Staff Member:  Workforce Development/Kane County Board Member:  Illinois Department of Employment Security (IDES):  Referral from Industry Associate/Organization:  Other- *Please Specify*: | | | | | | |

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| **COMPANY CONTACT** | | | |
| **Contact Name** |  | **Job Title** |  |
| **Telephone Number** |  | **Fax Number** |  |
| **E-Mail Address** |  | | |
| **Please select any additional service(s) your company would be interested in learning more about.** *(select all that apply)* | Recruitment Assistance- Screening and Referring of qualified applicants from our job-  seeker talent pool.  Workforce Training Grants for *new employees*.  Workforce Training Grants for *existing employees/current workforce*. | | |