

OhioMeansJobs Stark County
822 30th St. NW, Canton, OH 44709
Phone: 330 433-9675



OhioMeansJobs Tuscarawas County
1260 Monroe St., Ste 35, New Phila., OH 44663
Phone: 330 364-9777

**Stark and
Tuscarawas Counties**

A proud partner of the
American Job Center network

Employer Profile							
Date		FEIN		State Tax I.D.			
Business Name				DBA			
Phone ()		Ext.		Fax ()			
Company Address							
City			County		State		Zip
Employer Sector	Type of business			<input type="checkbox"/> Public, for Profit <input type="checkbox"/> Private, for Profit <input type="checkbox"/> Public, Not for Profit		<input type="checkbox"/> State Agency <input type="checkbox"/> County Agency <input type="checkbox"/> Federal Agency	
Federal Contractor	<input type="checkbox"/> None <input type="checkbox"/> Federal			<input type="checkbox"/> State <input type="checkbox"/> Both Federal and State			
Company Size	<input type="checkbox"/> Less Than 50 Employees		<input type="checkbox"/> 50 - 99 <input type="checkbox"/> 100 - 249		<input type="checkbox"/> 250 - 499 <input type="checkbox"/> 500 - 999		<input type="checkbox"/> 1,000 or More
Health Insurance Section	<input type="checkbox"/> No Health Insurance <input type="checkbox"/> *Health Insurance <small>*If Health Insurance is available what percentage of premium is paid by employer <u> </u> % paid by worker <u> </u> %</small>		<input type="checkbox"/> 401 (k) <input type="checkbox"/> Child Care <input type="checkbox"/> Dental Insurance <input type="checkbox"/> Vision Insurance <input type="checkbox"/> Education Assistance		<input type="checkbox"/> Life Insurance <input type="checkbox"/> Other _____ <input type="checkbox"/> Paid Holidays		<input type="checkbox"/> Retirement Plan Other Than 401 (k) <input type="checkbox"/> Sick Leave <input type="checkbox"/> Vacation <input type="checkbox"/> No Benefits
Employer Contact for OhioMeansJobs							
Employer Contact Name				Job Title			
Email Address							
Phone ()		Ext.		Fax ()			
Mailing Address				<input type="checkbox"/> (Check here if address same as above)			
City			State		County		Zip

Indemnification/Terms of Agreement

Company certifies that it complies, and will comply at all times in the future, with all Federal, State and Local laws and regulations applicable to its operations and to its employees. Company hereby agrees to defend, indemnify, and hold the Workforce Development Board, The Workforce Initiative Association, and OhioMeansJobs Centers, together with its one stop partners, and the officers, directors, trustees, principles, agents, and employees of the foregoing and their heirs, successors and assigns, harmless from and against all claims, lawsuits, causes of action, damages, costs and expenses (including without limitation all attorney fees and other litigation expenses) arising in connection with a violation by the Company of any law or regulation applicable to the Company's operation and/or its employees.

Indemnification **Agree** **Disagree**

In return for our services and in order for OhioMeansJobs Centers to meet placement standards established by the Department of Labor; I agree to inform you when a referral is HIRED by completing the Job Placement Information Form and returning it to OhioMeansJobs Centers.

Terms of Agreement **Agree** **Disagree**

Instructions:

Electronic Signature

If you are completing this form electronically, **the "Indemnification" and "Terms of Agreement" must be checked "Agree" before submittal to OhioMeansJobs Centers** and you must enter the name of the Company and the name of the official who is authorized to execute documents on behalf of the Company in order to create a legally binding contract. The act of e-mailing this completed document to OhioMeansJobs Centers, will be evidence (admissible in court) of the Company's intent to be bound by all of the provisions set forth in this document.

Signature

Date

Company Name

**Name of Individual
Signing This Profile**

**Title of
Signing Party**

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