



**OHIO YOUTH WORKS PROGRAM**

**Worksite Application**

- A. Agency name *(required)* \_\_\_\_\_
- B. Tax Exempt IRS Number *(required)* \_\_\_\_\_
- C. Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
- D. Contact Person \_\_\_\_\_ Phone \_\_\_\_\_  
Email \_\_\_\_\_
- E. Division/Unit/Project Name \_\_\_\_\_
- F. Work Site Address \_\_\_\_\_
- G. Industry \_\_\_\_\_
- H. NCCI Manual Description for Worker's Compensation *(If Available)*  
\_\_\_\_\_
- I. Type of Organization *(check all that apply)*
  - Non-profit       For Profit       Government
  - Education       Faith-based

Name of Authorized Worksite Representative:	Title:
Signature:	Date:

Please return the application via email to [TRushing@pathwaytoledo.org](mailto:TRushing@pathwaytoledo.org) or fax to 419-243-1938.