**[Institution Name]**

**Learning-Aligned Employment Program Employer Application**

Please complete this checklist to ensure accuracy and timeliness in the processing of your Learning-Aligned Employment Program (LAEP) Employer Agreement.

**Please complete and return the following documentation:**

□ Completed Employer Application

□ Completed Employer Agreement

□ Detailed Job Description(s) for each proposed student position

□ W-9

□ Certificate of Insurance (if applicable)

**Employer Information**

Name of Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employer Type**

Please indicate one (1) employer type below. Note that per California Education Code Section 69952, the following entities are those eligible to participate in the Learning Aligned Employment Program. Employers that do not meet the descriptions below are not eligible.

□ Research center or other institution operated by [Institution Name] whose learning-aligned employment opportunities provide participating students with direct opportunities to participate in research

□ Public school operated by a school district, county superintendent of schools, the Department of the Youth Authority, or the Department of Education. Administrative offices of school districts, county superintendents, etc., are not eligible employers. The job must be at a public school campus.

□ Nonprofit nonsectarian, nonpolitical organization or corporation licensed to conduct business in California, if they are capable of providing participating students with full-time employment opportunities, or opportunities to connect with other employers capable of providing participating students with full-time employment opportunities, within their areas of study after graduation.

□ For-profit nonsectarian, nonpolitical organization or corporation licensed to conduct business in California, if they are capable of providing participating students with full-time employment opportunities, or opportunities to connect with other employers capable of providing participating students with full-time employment opportunities, within their areas of study after graduation.

**Please submit the completed LAEP Employer Application to:**

INSTITUTION NAME

Staff Contact (LAEP Coordinator or other)

Office

Address 1

Address 2

Phone number:

Email Address:

Note for institutions: Please edit and customize this LAEP Employer Application according to your institution’s policies and procedures. Highlighted sections indicate text that institutions should edit before using the optional Employer Application.