

**NHEP WORK EXPERIENCE PROGRAM (WEP)
WORK PLACEMENT DESCRIPTION**

BUSINESS NAME:		
ADDRESS OF WORK SITE (STREET/CITY/ZIP):		
TYPE OF WORK POSITION:		
Examples: clerical support, grounds maintenance, etc Note: complete a separate Form NHEP105 for each type of work placement or location requested		
DESCRIPTION OF WORK TO BE PERFORMED:		
TYPES OF SKILLS PARTICIPANTS WILL LEARN:		
ANY SPECIAL REQUIREMENTS FOR ASSIGNED WORK:		
(i.e., criminal background check, physical activity requirements, specific software skills)		
NUMBER OF PARTICIPANTS REQUESTED FOR THIS TYPE OF WORK:		
DATE WORK AVAILABLE:		
TOTAL HOURS/WEEK: SCHEDULE:		
SITE REACHABLE BY PUBLIC TRANSPORTATION? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, explain:		
CAFETERIA ONSITE OR NEARBY? <input type="checkbox"/> No <input type="checkbox"/> Yes		
CONTACT PERSON FOR INTERVIEWS:		
TELEPHONE NUMBER:	E-MAIL:	FAX:
WHO WOULD PARTICIPANT REPORT TO (IF DIFFERENT THAN INTERVIEWER):		
TODAY'S DATE:	PERSON COMPLETING FORM:	
PLEASE RETURN COMPLETED FORMS TO:		
Via E-mail:	TEL:	FAX: (603)
Mail:		
TO BE COMPLETED BY NHEP UPON RECEIPT: AWEP <input type="checkbox"/> CWEP <input type="checkbox"/>		