

**Stark County**  
**OhioMeansJobs - Stark**  
 822 – 30<sup>th</sup> Street N.W.  
 Canton, Ohio 44709  
 Phone: 330 433-9675  
 Fax: 330 491-2650



**Tuscarawas County**  
**OhioMeansJobs - Tuscarawas**  
 1260 Monroe St., Suite 35  
 New Philadelphia, Ohio 44663  
 Phone: 330 364-9777  
 Fax: 330 602-2858

**Employer Profile**

FEIN		State Tax I.D.		Business Name	
Owner's Name				Email	
Phone ( ) Ext.				Fax ( )	
Company Address					
City		County		State	Zip
Mailing <input type="checkbox"/> (Check here if address same as above) Address					
City		County		State	Zip
Ownership	<input type="checkbox"/> Association	<input type="checkbox"/> International Govt.	<input type="checkbox"/> Other Corporation	<input type="checkbox"/> State Govt.	
	<input type="checkbox"/> Corporation	<input type="checkbox"/> Local Govt.	<input type="checkbox"/> Partnership	<input type="checkbox"/> None Mentioned	
	<input type="checkbox"/> Co-op	<input type="checkbox"/> LLC	<input type="checkbox"/> Private Sector		
	<input type="checkbox"/> Federal Govt.	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Proprietorship		
Employer Sector	<input type="checkbox"/> Public, for Profit		<input type="checkbox"/> State Agency		Type of business
	<input type="checkbox"/> Private, for Profit		<input type="checkbox"/> County Agency		
	<input type="checkbox"/> Public, Not for Profit		<input type="checkbox"/> Federal Agency		
Federal Contractor	<input type="checkbox"/> None		<input type="checkbox"/> State		
	<input type="checkbox"/> Federal		<input type="checkbox"/> Both Federal and State		
Company Size	<input type="checkbox"/> Less Than 20 Employees	<input type="checkbox"/> 50 - 99	<input type="checkbox"/> 250 - 499	<input type="checkbox"/> 1,000 or More	
	<input type="checkbox"/> 20 - 49	<input type="checkbox"/> 100 - 249	<input type="checkbox"/> 500 - 999		
Available Benefits (Standard)	<input type="checkbox"/> 401 (k)	<input type="checkbox"/> *Health Insurance	<input type="checkbox"/> Life Insurance	<input type="checkbox"/> Retirement Plan	
	<input type="checkbox"/> Child Care	*If Health Insurance is available what percentage of premium is paid by employer ____% paid by worker ____%	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other Than 401 (k)	
<input type="checkbox"/> Dental Insurance		<input type="checkbox"/> Paid Holidays	<input type="checkbox"/> Sick Leave		
<input type="checkbox"/> Education Assistance			<input type="checkbox"/> Vacation		
			<input type="checkbox"/> No Benefits		
<b>Employer/Job Order Contact</b>					
Employer Contact Person			Job Title		
Contact For (Company Name)					
Address					
City		State		County	Zip
Phone ( ) Ext.				Fax ( )	
Email					

## 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 Investment 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.

#### **Wet Ink Signature**

If you have printed out this form and will be filling out the hard copy version with wet ink – then **the "Indemnification" box for "Agree" and the "Terms of Agreement" box for "Agree" must be checked off with wet ink and your wet ink signature must be filled out below before submittal to OhioMeansJobs Centers.**

**Wet Ink and Electronic Signature**

**Date**

**Company Name**

**Printed Name of Individual  
Signing This Profile**

**Title of  
Signing Party**

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