



EMPLOYMENT PARTNERS

Bridging Employment Opportunities for Economic Independence

Employer Partnership Information (please print or type)

Name	
Title	
Business	
Address	
City	
State	
ZIP Code	
Telephone	
Fax	
E-Mail	
Web Address	

Partnership Type (Please Check All that Apply)

Full-time Employment
 Part-time Employment
 Contractual
 Probono

Employment Need(s) – Please check all that apply and attach a description.

- | | |
|--|--|
| <input type="checkbox"/> Administrative | <input type="checkbox"/> Graphic Design |
| <input type="checkbox"/> Customer Service | <input type="checkbox"/> Program Coordination |
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> Receptionist |
| <input type="checkbox"/> Event Planning/Coordination | <input type="checkbox"/> Training Coordination |

Please use the following business name in all acknowledgements and your website:

The SOFEI Group, Inc. would like to add you to our website as an Employment Partner. Please send a copy of your company's logo in a ready-made image in JPEG format to hrc@sofeigroup.org.

Our company wishes to remain anonymous.

Signature(s)
Date

Please return form to:

The SOFEI Group, Inc.
Attn: Human Resource Coordinator
211 North Union Street, Suite 100
Alexandria, VA 22314

Please note: This enrollment form is not a legally binding document or contract. Appropriate forms will be distributed to your company contingent on your partnership enrollment (e.g., probono – Memorandum of Understanding; contract – a legal contract stating the contract services; client interview feedback sheet, and client profile sheet). Also, there are no enrollment fees associated to this partnership.