Employment Transition Services (Pre-ETS)
Employer Site Visit

Student/ID#: _____ VR Counselor: _____
Vendor: _____ Date: _____

Business Name: _____
Business Address: _____
Business Contact Information – Telephone, Email or Website: _____
_____

How many employees does the company have? _____

How long has the company been open? _____

List three different positions that are available with this company?
_____
_____
_____

Does the company have positions that only require a high school diploma? YES ☐ NO ☐

Does the company promote from within? YES ☐ NO ☐

Benefits. What extra benefits does the company offer?

Health Care: YES ☐ NO ☐ Dental Plan: YES ☐ NO ☐
Retirement Plan: YES ☐ NO ☐ Disability Insurance: YES ☐ NO ☐
Life Insurance: YES ☐ NO ☐ Advanced Training: YES ☐ NO ☐
Reimbursement for Education: YES ☐ NO ☐
Other (Please list) _____

Company Representative: _____ Date: _____

Student: _____ Date: _____

Vendor Staff: _____ Date: _____