

## 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?

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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: \_\_\_\_\_