



**Student Employment Center
Employer Request Application
400 W Washington Blvd, Los Angeles, CA 90015
Phone (213) 763-7124 Fax (213) 763-5353**

Company Name _____

Address _____

City _____ State _____ Zip Code _____

Contact Person _____

Title _____ Email _____

Phone () _____ Fax () _____

Alternate Contact _____

Title _____ Phone () _____

Title of Position: _____

WorkHours/Days: _____

Position Status: Full Time _____ Part time _____ Permanent _____ Temporary _____

Pay Rate: \$ _____ hourly / monthly / yearly

Skills Requirement: _____

Job Description: _____

Number of Positions Available: _____

Applicant should:

Call for appointment _____ Fax Resume _____ Email Resume _____ Apply in Person _____