

SBWIB

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MANAGED CAREER SOLUTIONS

Employment

EDD Development Department

State of California

MCS

EMPLOYER REGISTRATION FORM

Friday, October 26, 2018 Set-Up 8 a.m. Event 9 a.m.—12 p.m. 9525 E. Imperial Hwy., Downey, CA 90242

EMPLOYER'S CONTACT INFORMATION

Company Name:				
Company Address:				
Contact Name:		Job Title:		
Contact E-mail:		Contact Phon	e:	
Employer's Website:				
EMPLOYMENT OPPORTUNITIES (To particip	ate you must	have immediate ope	nings)	
Do you have immediate openings?	res 🔿 No	Approximat	e start date:	
Position Available & Location	No. Available	ble Position Available & Location		No. Available
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Number of company representatives attending the event: Table and chairs will be provided, do you require additional set-up items? O Yes O No If yes, specify: Do you require an electrical outlet? O Yes O No Are you able to conduct on-site interviews? O Yes O No				
PLEASE SEND YOUR REGISTRATION TO:			REMINDER	
Campos_Janet@lacoe.edu or Fax: (562) 922—8699 Contact Janet Campos at (562) 922—8705 for questions regarding registration. This event will be FREE to all participating business partners. Space will be limited and table assignments will be determined on a first-come, first-served basis.				
Supported By Our Cluster 6 Partners				
Contraction Contraction CAN DIVISION		1	America	LA County a*SJobCenter of California [™]

SUPERVISOR HILDA L. SOLIS

WORKFORCE DEVELOPMENT AGING & COMMUNITY SERVICES







DEPARTMENT of REHABILITATION

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