

WS# \_\_\_\_\_



**ARCHDIOCESAN YOUTH EMPLOYMENT SERVICES**

3250 Wilshire Blvd., Suite 1010  
Los Angeles, CA 90010

**LA COUNTY SUPPLEMENTAL AGREEMENT**

*(Please type or print when completing this form)*

**TRAINING SITE NAME:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_  
**TELEPHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_ **TAX ID:** \_\_\_\_\_

*STAFF PERSON(S) RESPONSIBLE FOR DIRECT SUPERVISION OF TRAINEE(S):*

*Name:* \_\_\_\_\_ *Title:* \_\_\_\_\_ *Email:* \_\_\_\_\_

**TRAINEE JOB TITLE:** \_\_\_\_\_

*Provide separate sheet for each additional job title.*

**DETAILED JOB DESCRIPTION:**

**SPECIAL JOB REQUIREMENTS:**

**WORK DAYS AND HOURS:** \_\_\_\_\_

**INDICATE NUMBER OF TRAINEE(S):** \_\_\_\_\_