



Application Form

Program Application for Businesses

Section 1: Business Information

Business Name		
Business Address	City	State
Phone Number	Email Address	
Website (If Applicable)	Type of Business (e.g., Agriculture, Welding, Plumbing)	Year Established
Number of Full-Time Employees	Is your business located in Oyo State? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Section 2: Internship Position Details

Position Title(s)	
Number of Intern Positions Requested (Max 2)	Provide a summary of the job description for each position
Duration of Internship (Up to 52 Weeks)	
Weekly Work Hours (Minimum: 30)	

Section 3: Candidate Eligibility

<p>Which one of these criteria will the successful candidate meet?</p> <p>Post-secondary students Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>New entrants to the workforce Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Individuals transitioning to a new career Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Unemployed/underemployed individuals entering a new field Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>How will you ensure a fair and transparent recruitment process?</p> <p>Will candidates be provided direct onsite supervision? Yes <input type="checkbox"/> No <input type="checkbox"/></p>
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Section 4: Business Declaration

I confirm that:

- Positions funded under this program will not displace existing employees.
- Positions will not involve general manual labor, clerical work, retail, or general sales.
- This project complies with all eligibility requirements.

Authorized Representative Name	
Date	Signature