

## **QUEST Program – Work Experience Preference**



Participant's Name:			ASSET Pin:					
highest priorit	•	•	ience. We will make every effort to place y All worksites have the option to conduct a	•				
One (1) is you 3, 4, etc.).	r highest priority. You may	enter as many preferences as	s you wish. Please number your preferences	s numerically (1, 2,				
Preference Rating		Placement C	riteria	EMI Office Use Only				
	I have an existing relationship with a childcare facility. I certify that I am not related to the owner or manager of this facility, and I am not currently employed by this facility.							
	Business Name:							
	Contact Person:							
	Business address:							
	Business Phone:		<del></del>					
	I would like to be placed in a work experience as near to my home address as possible.  I would like to be placed in a work experience on a bus line.  I would like to be placed in a work experience in the following location (circle your preference):							
					North	Side South	Side	
						I would like to be placed	in a work experience in or ne	ar the following zip code:
		I would like to be placed in the following type of childcare facility (circle your preference):						
	Family Child Care (up to 7 children)	Group Child Care (7 or more children)	Before/After School Center (School aged only)					
Participant S	Signature:		Date:					
Employ Milv	waukee Office Use Only							
Work Experi	ience Placement Site:							

Form Date: 12.05.2023

Date: \_\_\_\_\_

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EMI Staff Signature: