



RECEIPT FORM AND STATEMENT

	received and agree to read my copy
(print name)	
of the Participant Handbook for youth employe	ees of Employ Milwaukee.
I also acknowledge that I have received a gener	ral orientation covering the policies
and grievance procedure described in this Hand	lbook. I acknowledge and
understand that violations of the rules and regul	lations set forth in this Handbook
and described to me at the general orientation c	can and will be grounds for
termination of my employment with the compa	ny.
I also understand that nothing in this Handbook	shall constitute or create a
guarantee of permanent employment. I underst	tand that my employment may be
terminated with or without notice regardless of	the provisions in this handbook.
Signature of Youth Employee	Date
Signature of Fouri Employee	Dute
Signature of Orientation Instructor	Agency

Employ Milwaukee is an Equal Opportunity employer and service provider. If you need this information or printed material in an alternate format, or in different language, please contact us at (414)-270-1700. Deaf, hard of hearing, or speech impaired callers can contact us through Wisconsin Relay Service at 7-1-1.

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