



# EMPLOYMENT PARTNERS

*Bridging Employment Opportunities for Economic Independence*

## Employer Partnership Information (please print or type)

Name	
Title	
Business	
Address	
City	
State	
ZIP Code	
Telephone	
Fax	
E-Mail	
Web Address	

## Partnership Type (Please Check All that Apply)

Full-time Employment  Part-time Employment  Contractual  Probono

## Employment Need(s) – Please check all that apply and attach a description.

Administrative     
 Data Entry     
 Graphic Design     
 Receptionist  
 Customer Service     
 Event Planning/Coordination     
 Program Coordination     
 Training Coordination

Please use the following business name in all acknowledgements and your website:

The SOFEI Group, Inc. would like to add your business to our website as an Employment Partner. Please send a copy of your company’s logo in a ready-made image format to **[hrc@sofeigroup.org](mailto:hrc@sofeigroup.org)**.

Our company wishes to remain anonymous.

Signature(s)
Date

## Please return form via email to [hrc@sofeigroup.org](mailto:hrc@sofeigroup.org) or mail to:

The SOFEI Group, Inc.  
137 National Plaza, Suite 300  
Oxon Hill, MD 20745

**Please note:** This enrollment form is not a legally binding document or contract. Appropriate forms will be distributed to your company contingent on your partnership enrollment (e.g., probono – Memorandum of Understanding; contract – a legal contract stating the contract services; client interview feedback sheet, and client profile sheet). Also, there are no enrollment fees associated to this partnership.