



Program Interest Form

The following business has an interest in providing apprenticeships or training opportunities for the Chickasaw Nation Employment Access Division, hereinafter "CEA," program participants.

Business information:

Business name: _____

Business email: _____

The business has an interest in offering: Apprenticeships Training opportunities

Program information:

1. A link will be sent to the email above with a program application and information.
2. If the business accepts a participant, it shall designate a worksite supervisor for each participant accepted. The worksite supervisor shall:
 - Provide participant(s) with duties that are relevant to the agreed-upon position(s);
 - Supervise participant(s) at all time while at the worksite; and
 - Immediately contact a designated career counselor at CEA with any issues or concerns pertaining to the actions of any participant(s) at the worksite.
 - Should a participant be injured while on the job, the program manager should be notified and the participant may go to the Chickasaw Nation Medical Center for medical services
3. A participant can choose to take an interview and/or job with any entity at any time during their participation in the CEA program.
4. The CEA shall provide basic liability insurance for the participant during the CEA program.
5. If the business accepts a participant, a separate MOU shall be entered into between the CEA and business summarizing the responsibilities of CEA and business during the apprenticeship or training opportunity.

Business:

Authorized signatory

Date