

EMPLOYER INFORMATION FORM

Name of Business//Place of Employment: _____

Business Address: _____

Business Phone: (_____) _____

Job Description and Title for available position(s): _____

Contact Person: _____

Approximate Rate of Pay: _____ Method of Payment: _____

Anticipated Work Hours/Week: _____

Questions to be answered by the Employer:

1. Have you employed student-athletes in the past? Yes _____ No _____
If yes, please describe in detail: _____

2. How many student-athletes do you intend to employ? _____

3. Do you employ other individuals on the same basis to perform the same or similar work?
Yes _____ No _____
If yes, what is their rate of pay? _____ Work hours/week? _____

4. Please describe any benefits that are available to similarly situated employees (e.g., meals insurance, transportation, special equipment/tools, etc.): _____

5. Are you, any other manager, or the owner involved in supporting UConn athletics? (e.g., UConn Club member, purchase season tickets)? Yes _____ No _____
If "Yes", please specify in what manner: _____

Completed by: _____ Title: _____ Date: _____
signature

Compliance Office Use Only

Date Entered into Employment Database: _____ Staff: _____