



Placement Request Form

DVR Counselor Information

Name:

Geographic Location:

Phone Number:

Email:

Client Information

Name:

Phone Number:

Start Date:

End Date:

Pay Rate:

Schedule:

Under 18: ☐ yes ☐ noWill Your Client Have Job Coach Onsite: ☐ yes ☐ no

Job Description *List specific tasks. What will your client be doing? What are the physical requirements?*

Tools/Equipment Used:

- ☐ Hand Tools:
☐ Power Tools:
☐ Machinery:
☐ Other:
☐ N/A

Potential Hazards:

- ☐ Chemicals:
☐ Lifting: lbs.
☐ Other:
☐ N/A

PPE Required:

- ☐ Steel Toed Shoes
☐ Safety Glasses
☐ Other:
☐ N/A

What Safety Training is Provided by the Worksite:

Worksite Information *Worksite may be contacted by Manpower.*

Worksite Name:

Worksite Address:

Worksite Contact:

Worksite Contact Email:

Worksite Telephone:

Worker is Supervised at All Times: ☐ yes ☐ no

Time Approver Name:

Time Approver Email:

Health Related Precautions: ☐ Mask ☐ Vaccination ☐ Other: ☐ N/A

Submit Completed Employment Packet

Email all completed documents to **both**:**Suzanne Webb**suzanne.webb@manpower.com
207-490-1363**Briana Lagasse**briana.lagasse@manpower.com
207-229-2194

- Please allow up to 3 business days for Manpower to review and respond
- Your clients are not authorized to begin work until you receive an email authorization from Manpower

Program Management Contacts

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