

Employer Registration Form

Company Name: _____

Address: _____

City, State, Zip code: _____

Phone Number: _____

Fax Number: _____

Web Site Address: _____

E-mail Address: _____

Point of Contact: _____

Point of Contact Phone: _____

Point of Contact E-mail: _____

Number of Employees: _____

Industry (Choose industries that best describes your business):

- Finance and Insurance
- Government
- Manufacturing
- Services
- Farming, Mining, and Construction
- Transportation, Communication, and Utilities
- Wholesale and Retail Trade
- Other: _____

How did you hear about TTH? _____

Mail form to: **6858 Old Dominion Drive, Suite 250, McLean, VA 22101**

OR

Fax to: **703-448-7545**

For more information or additional questions, contact us toll-free **11:00am-7:00pm EST**
at: **866-TTW HIRE (866-889-4473)** OR via e-mail: **tickettohire@earnworks.com**

Public Burden Statement

Public reporting burden of this collection of information is estimated to average 20 minutes per response, including time for reviewing instructions, researching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Disability Employment Policy, U.S. Department of Labor, 200 Constitution Avenue, NW, Washington, DC, 20210.

Note: The completion of this form is voluntary. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number.

Privacy Act Notice

The Office of Disability Employment Policy protects the information collected on this form and holds it confidential in accordance with 42 U.S.C. §1306, 5 U.S.C. §552 (Freedom of Information Act), 5 U.S.C. §552a (Privacy Act of 1974), and OMB Circular No. A-130.