Missouri's National Career Readiness Certificate Employer Partnership Letter

By completing this form, your business is communicating its support of the WorkKey's Assessment System and ACT's National Career Readiness Certificate (NCRC) as the credential to document essential work-related skills.

(Visit this website to complete online instead: http://workreadycommunities.org/business/form)

Employer Support: (Please ch	eck both boxes.)		
	e value of the NCRC as an indicator od/or promoting in our organization.*	•	l accept and/or request
We give permission to use	e our organization's name and logo in	n public awareness effort	ts to promote the NCRC.
Employer Information: (All	information required.)		
Business Name			
Contact Name			
Contact Phone Number			
Contact Email Address			
Company Website (if applicable)_			
Address			
City	County	State	ZIP
Number of Employees**	Industry		
Employer Signature			Nate

Please send this letter to:

NCRC Outreach Coordinator, Division of Workforce Development 421 E. Dunklin Street, Jefferson City, MO 65101 Fax: (573) 751-8162 | Email: ncrc@ded.mo.gov



www.NationalCareerReadiness.org

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*NOTE: Please refer to the NCRC *Employer Handbook* published by ACT.
**Number of Employees