

WORK EXPERIENCE PROGRAM - JOB DESCRIPTION-Attachment 1

JOB SITE: _____ FEDERAL TAX ID # _____

ADDRESS: _____

(Where participants should report)

MAILING ADDRESS *(if different)* _____

HOURS & DAYS: _____

(Hours participant will work)

SITE SUPERVISOR _____ SITE TELEPHONE NUMBER _____

SITE FAX NUMBER _____ SITE EMAIL ADDRESS _____

PLEASE GIVE AN OVERALL DESCRIPTION OF JOB: _____

DESCRIBE WORKING CONDITIONS (INSIDE, OUTSIDE, HAZARDOUS, ETC)

IS AN INTERVIEW REQUIRED PRIOR TO ASSIGNING STUDENT? _____

LIST OF EQUIPMENT TO BE USED BY THE STUDENT _____

SPECIAL CLOTHING/UNIFORM REQUIREMENTS _____

COMMENTS: _____

Signed: _____ Date: _____

CCMEP WIOA/CCMEP TANF Work Experience
Youth Performance Evaluation- Attachment 2

Date:

Name of Sponsor:

Name of Student:

Dear Employer/Sponsor:

I hope you had a rewarding experience working with our local youth. These students will contribute to the future success of our County businesses. Please take a minute and complete the evaluation form. This information will help me determine, access and evaluate if the youth need any further assistance with employment/job issues. This will also give me an opportunity to praise the student for completion of the program.

Thank you for all your assistance and guidance for a successful program.

Sincerely,

CCMEP/WIOA Coordinator

Please rate the student's performance in the following areas. Please feel free to comment under each area.

4=Exceeded Expectation

2=Below Expectation/Needs Improvement

3=Met Expectation

1=Unsatisfactory/Far Below Expectation

PROFESSIONALISM	COMMENTS-Both Positive and Negative	1	2	3	4
The display of appropriate attitude, actions and work attire for the position.					
DEPENDABILITY	COMMENTS-Both Positive and Negative	1	2	3	4
Overall attendance, arrived at work site on time and did not leave early.					
JUDGMENT/DECISION MAKING	COMMENTS-Both Positive and Negative	1	2	3	4
The ability to think logically and practically before making decisions. Ability to prioritize work.					
QUALITY OF WORK	COMMENTS-Both Positive and Negative	1	2	3	4
Value of work produced and the thoroughness, accuracy and neatness and acceptability of work. Ability to work under pressure and learn from previous mistakes.					
INITIATIVE	COMMENTS-Both Positive and Negative	1	2	3	4
Willingness to make significant contributions with little direction, judgment and independence actions within limits of authority.					
TEAMWORK	COMMENTS-Both Positive and Negative	1	2	3	4
Belonged and contributed to the team.					

CONFLICT MANAGEMENT	COMMENTS-Both Positive and Negative 1 2 3 4
Took responsibility for mistakes or errors.	
INTERPERSONAL SKILLS	COMMENTS-Both Positive and Negative 1 2 3 4
Ability to express ideas clearly, listens well, tolerant of others' work styles and uses diplomacy and tact.	

COOPERATIVE AGREEMENT
FOR THE

WIOA/CCMEP Work Experience Element

Employment Dates: Start _____

End _____

PURPOSE

This agreement will set forth the responsibilities of _____ County Department of Job & Family Services (hereinafter referred to as “CDJFS”), and

NAME _____

Address _____

Telephone Number _____

(hereinafter referred to as the “Sponsor”) as mutually agreed to under guidelines established by _____ County Department of Job & Family Services for the WIOA/CCMEP Work Experience Element. Participation at the sponsor’s worksite(s) will provide participants with experience and training to assist them in learning job skills while in their training experience worksite.

A site sponsor may be:

private-non-profit, private-for-profit organization, or public organization.

The WIOA/CCMEP Work Experience Element is a job shadowing and training program, and the sponsor is offering to be a site for our WIOA/CCMEP Work Experience Element. A WIOA/CCMEP Work Experience Element site is expected:

- 1.) To monitor participants and give feedback to participants and the CDJFS staff, and
- 2.) To provide training to participants in good work habits, including but not limited to: punctuality, following instructions, cooperating with coworkers, and demonstrating other good work habits and work ethics, and
- 3.) To make sure that participants work with the approved job description and receive training relating to the skills needed to perform the functions of that job description. If the participant does a good job for the site, the site could be a reference for the participant to potential employers.
- 4.) Must comply with all applicable federal laws and with state child labor laws if the participant is less than 18 years.

I. Responsibilities of CDJFS- WIOA/CCMEP Work Experience Element

1. Assign participants to the sponsor's worksite(s) to perform duties set forth in the attached job description(s) provided by the sponsor. CDJFS understands the need for the site to interview and review each applicant for suitability for their particular work site.
2. Assist sponsor, as needed, in preparing job descriptions for the WIOA/CCMEP Work Experience Element to be established by the sponsor.
3. Obtain all necessary work permits, proof of age, parental consent forms and I-9 forms prior to participant working, if applicable.
4. Provide participant with sponsor(s) job description, duties, and WIOA/CCMEP Work Experience Element rules and regulations.
5. Investigate complaints from the participant or sponsor and ensure appropriate and timely resolutions to complaints.
6. Visit worksites at least bi-weekly to ensure compliance of WIOA/CCMEP Work Experience Element guidelines.
7. Provide Worker's Compensation coverage of assigned participants.
8. Offer training to the sponsor.
9. Provide stipend that participants may be eligible for as a result of successfully participating in the WIOA/CCMEP Work Experience Element.

II. Responsibilities of the SPONSOR

1. Provide the participant with applicable work rules, policies (written and/or oral), health and safety standards, training or orientation, and disciplinary procedures.
2. Provide supervision vital to efficient performance of the work assignment and ensure that the participant is always under qualified supervision.
3. Prepare and submit to CDJFS a job description for each WIOA/CCMEP Work Experience Element position to be established at the sponsor's worksite. (Department staff will provide assistance with preparation of job description upon request). Job descriptions will be updated and signed at each contract renewal.
4. Submit to CDJFS a federal tax identification number, Social Security number or other identifying number. This is listed on the job description.
5. Maintain consistency of participant's duties with the job description. Emphasize skill building, understanding job duties and responsibilities, completing assignments, punctuality, and maintaining acceptable work habits.
6. Permit participant of observe all holidays as observed by the sponsor.

7. Submit participant's attendance records (time sheets) at the end of each two-week work period. Forms should be faxed no later than two days after the end of the pay-period.
8. Ensure that participants do not work more than the allowed number of hours for a minor. The allowed hours will be worked out between the WIOA/CCMEP Work Experience Element and the worksite supervisor. If participant works more than 5 consecutive hours a 30-minute unpaid, uninterrupted break will be provided.
9. Ensure that no regular employee is displaced or has work hours decreased by the sponsor or that nor participant carries out a work assignment during a strike, lockout, or bona fide labor dispute.
10. Ensure that employee labor union(s) at sponsor's place of business are notified of intent to establish a WIOA/CCMEP Work Experience Element, and that no labor agreement is violated by establishing the WIOA/CCMEP Work Experience Element, and that participant is not compelled to join or withdraw from a union as a condition of the WIOA/CCMEP Work Experience Element.
11. Ensure that no participant is required to perform any political, partisan or electoral activity, that no participant's religion freedom is violated, that no participant is compelled to participate in any assignment that would promote any religious doctrine or belief and that no participant is denied his/her civil or constitutional rights.
12. CERTIFY THAT THE SPONSOR:
 - A. Is a public agency or a private non-profit organization that serves a useful public service to the general community, or is a private-for-profit organization.
 - B. Provides services without regard to race, creed, or color and does not have policies that would deny anyone's civil or constitutional rights.
 - C. Is an equal opportunity employer.
 - D. That the worksite meets all applicable Federal, State, and local health and safety standards, EEO policies, Fair Labor Standards, displacement policies and provides reasonable work conditions.
13. Cooperate with the CDJFS in the WIOA/CCMEP Work Experience Element monitoring and evaluation processes and assist with the resolution of complaints, grievances, or problems that arise.

III. CONFIDENTIALITY

Each sponsor ensures that confidentiality will be observed as a basic right of each participant. No records or information concerning a participant may be divulged for any purpose not directly connected to the WIOA/CCMEP Work Experience Element. Any release of such information is strictly prohibited except upon written consent by the participant.

V. LIABILITY

The sponsor agrees that the _____ County Department of Job & Family Services, and _____ County Board of Commissioners will be held harmless against any and all liability, loss, damage, or related expenses incurred through provisions of sponsorship under this agreement.

The sponsor realizes that there are penalties under law for any sponsor who knowingly obtains a benefit to which he/she is not entitled. If such violation occurs, this agreement shall be rendered null and void.

VI. Termination of Cancellation

1. This agreement can be cancelled by either party providing the canceling party notifies the other party at least three (3) days prior to cancellation in writing by mail or personal delivery.
2. CDJFS will have the right to terminate this agreement if the sponsor fails to comply with any provision of this agreement. Written notification of termination will be provided at least three (3) days in advance of the effective date of the termination and will include the causes for the termination and the effective date of the termination.
3. This agreement can be cancelled if student fails to meet the provisions and/or expectations of employer. Sponsor should follow the same procedure for termination as their policy that is already in place.

VII. Duration of Agreement

Terms of this agreement will be in effect as of _____ and will remain in effect until _____ unless otherwise terminated.

Participant will work _____ hours per week.

Sponsor Representative Signature/Title

Date

DJFS Signature/Title

Date

NOTE: Attachments

- WIOA/CCMEP Work Experience Element.
- Training/Time Sheet
- Training/Evaluation Form.
- Incident Form
- Medical Release and Emergency Contact

From the U.S. Department of Labor

When you turn sixteen (16), you can work in any job or occupation that **has not** been declared hazardous by the Secretary of Labor.

HAZARDOUS OCCUPATIONS:

You may not work in any of the following hazardous occupations:

- manufacturing and storing of explosives,
- coal mining
- driving a motor vehicle and being an outside helper on a motor vehicle,
- logging and sawmilling
- power-driven woodworking machines
- exposure to radioactive substances
- power-driven hoisting apparatus
- power-driven metal forming, punching, and shearing machines
- mining, other than coal mining
- power-driven bakery machines
- power-driven paper product machines
- manufacturing of brick, tile, and related products
- power-driven circular saws, band saws, and guillotine shears
- wrecking, demolition, and shipbreaking operations
- roofing operations
- meat packing or processing (including the use of power-driven meat slicing machines)
- excavation operations

CCMEP WIOA/TANF-Accident/Incident Report Form

Name of Injured _____ Date of Incident _____

Participant's Date of Birth _____ Date Incident Reported _____

Participant's Address: _____

Sponsors Name/Address _____

Date and time of injury _____

Location of Accident or Incident _____

Description of accident/incident (Describe the event that caused the injury) _____

Type of injury and body parts affected (sprain, cut, bruise) (right arm, left finger, etc.) _____

List the name and addresses of any individuals involved or witnesses to the incident _____

Were the police notified? Y or N If yes, name of officer _____

Was EMS notified? Y or N If yes, was participant transferred to hospital? _____

Did the participant seek treatment from doctor/hospital/emergency room? Y or N

If Yes, please see attached.

Participant's Signature: _____ Date: _____

Sponsor's Signature: _____ Date: _____

(USE ADDITIONAL PAGES IF NEEDED)

PLEASE REPORT ANY INCENTS IMMEDIATELY TO CCMEP/WIOA Coordinator

Medical Release and Emergency Contact Form

Parent/Legal Guardian's Name _____

Youth Name _____

Address: _____

Phone Numbers Home: _____

Work: _____

Cell/Other _____

List all known medical conditions, including food allergies and/or drug allergies. Please include any and all over the counter and/or prescription drugs taken regularly.

In case of an emergency, please contact: _____

Relationship to youth: _____

Phone Numbers: _____

Or contact:

Relationship to youth: _____

Phone Numbers _____

Physician's Name _____

Address _____

Phone Number _____

Dentist's Name _____

Address _____

Phone Number _____

Statement of Consent:

In the event of an emergency or non-emergency situation requiring medical treatment, I, _____, hereby grant permission for any and all medical and/or dental attention to be administered to my child, in the event of an accidental injury or illness, until such a time as I can be contacted. This permission includes, but is not limited to: the administration of first aid, the use of an ambulance, and the administration of anesthesia and/or surgery, under the recommendation of qualified medical personnel.

Signature of Parent/Guardian or Youth

Date

Work Experience Program Time Sheet

Participant Name: _____ Training Site: _____

Training Period of: _____ to _____

Date	Start Time	End Time	Total Hours	Duties Performed/Skills Learned (to be completed by participant)
TOTALS				

*Students must have at least one 30 minute break if working 5 or more hours in one day

Site Supervisor's Signature

Participant Trainee's Signature