

**SCSEP Unsubsidized Employment Form**

OMB Approval Number: 1205-0040

Expiration Date: 10/31/10

1. Name of participant \_\_\_\_\_ 2. PID \_\_\_\_\_

**Employer Information**

3. Name of employer \_\_\_\_\_

4. Employer mailing address

\_\_\_\_\_ a. Number and street, suite number; and/or PO Box

\_\_\_\_\_ b. City

\_\_\_\_\_ c. State

\_\_\_\_\_ d. ZIP code

5. FEIN \_\_\_\_\_

6. Employer type

Not-for-profit  
 Government

For-profit  
 Self-employment

7. Is employer a host agency?  Yes  No

8. Did employer provide an OJE training site for this participant?  Yes  No

9. Employment site name and location \_\_\_\_\_

9a. \*Employer received customer satisfaction survey in PY \_\_\_\_\_

9b. Employer continued availability  Available  Not available

\*No data entry in SPARQ. Field is system-generated.

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ETA-9122  
(Revised January 2009)

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# SCSEP Unsubsidized Employment Form

## Contact/Supervisor Information

10. Name of contact person \_\_\_\_\_

11. Contact person's mailing address if different from number 4

\_\_\_\_\_

a. Organization name or address field 1

\_\_\_\_\_

b. Number and Street, Suite Number; and/or PO Box or address field 2

\_\_\_\_\_

c. City

\_\_\_\_\_

d. State

\_\_\_\_\_

e. ZIP Code

12. Contact person's title \_\_\_\_\_

12a. Contact person's salutation       Mr.       Ms.

13. Contact person's phone number \_\_\_\_\_

13a. Contact person's fax number \_\_\_\_\_

13b. Contact person's e-mail address \_\_\_\_\_

**Complete fields 13c-13i if supervisor is different from contact person (number 10).  
If supervisor is the same as contact person, skip to field 14.**

13c. Name of supervisor \_\_\_\_\_

13d. Supervisor's mailing address if different from number 4

\_\_\_\_\_

a. Organization or address field 1

\_\_\_\_\_

b. Number and Street, Suite Number; or PO Box or address field 2

\_\_\_\_\_

c. City

\_\_\_\_\_

d. State

\_\_\_\_\_

e. Zip Code

13e. Supervisor's title \_\_\_\_\_

13f. Supervisor's salutation       Mr.       Ms.

13g. Supervisor's phone number \_\_\_\_\_

13h. Supervisor's fax number \_\_\_\_\_

13i. Supervisor's e-mail address \_\_\_\_\_

# SCSEP Unsubsidized Employment Form

## Placement Information

14. Start date \_\_\_\_\_(MM/DD/YYYY)

15. End date \_\_\_\_\_(MM/DD/YYYY)

16. Starting wage per hour \$ \_\_\_\_\_

17. Benefits (check all that apply)

- a. Health insurance       d. Vacation       g. Other \_\_\_\_\_(specify)  
 b. Sick leave               e. Transportation       h. None  
 c. Pension/profit sharing       f. Room and board

18. At time of placement, is employment expected to be full- or part-time?

- Full-time       Part-time

If part-time, number of hours per week expected \_\_\_\_\_

19. Job title \_\_\_\_\_

19a. Participant's job code \_\_\_\_\_

1. Art, Design, Entertainment, Sports, and Media	8. Food Preparation and Service	15. Production, Assembly, Light Industrial
2. Business and Financial Operations	9. Healthcare	16. Protective Service
3. Community and Social Services	10. Legal	17. Retail, Sales, and Related
4. Computer and Mathematical	11. Maintenance and Custodial	18. Self-Employment
5. Construction, Installation, and Repair	12. Management	19. Transportation and Material Moving
6. Education, Training, and Library	13. Office and Administrative Support	
7. Farming, Fishing, and Forestry	14. Personal Care and Service	

19b. High-growth placement

1. Automotive                       6. Financial Services                       11. Retail  
 2. Advanced Manufacturing       7. Geospatial                                   12. Transportation  
 3. Biotechnology                       8. Health Care                                   13. None  
 4. Construction                         9. Hospitality  
 5. Energy                                   10. Information Technology

20. Training-related placement?  Yes                       No

21. Was placement the result of a substantial service provided to the employer by the sub-grantee?  Yes                       No

22. Unsubsidized employment comments

# SCSEP Unsubsidized Employment Form

## Customer Service Survey Information

23. CS survey number 1 \_\_\_\_\_ Date \_\_\_\_\_ (MM/DD/YYYY)
24. CS survey number 2 \_\_\_\_\_ Date \_\_\_\_\_ (MM/DD/YYYY)
25. CS survey number 3 \_\_\_\_\_ Date \_\_\_\_\_ (MM/DD/YYYY)

## Follow-up Information

26. \*90-day date \_\_\_\_\_ (MM/DD/YYYY)
27. Has the participant returned to program within the first 90 days after exit?  
 Yes  No
- 27a. Has the participant re-enrolled in SCSEP within the first 90 days after exit?  
 Yes  No
28. Follow-up 1
- a. \*Scheduled date \_\_\_\_\_ (MM/DD/YYYY)
- b. Completed date \_\_\_\_\_ (MM/DD/YYYY)
- c. Any wages for first quarter after exit quarter? Please also indicate method of verification
- i.  No wages
  - ii.  Yes, in-state UI records only
  - iii.  Yes, out-of-state UI records (WRIS) only
  - iv.  Yes, both in- and out-of-state UI records
  - v.  Yes, other administrative records
  - vi.  Yes, supplemental through case management, participant survey, and/or verification with the employer
  - vii.  Unable to obtain information
  - viii.  Excluded
- c1. If excluded, reason
- i.  Deceased
  - ii.  Health/medical
  - iii.  Family care
  - iv.  Institutionalized

29. Follow-up 2
- a. \*Scheduled date \_\_\_\_\_ (MM/DD/YYYY)
- b. Completed date \_\_\_\_\_ (MM/DD/YYYY)
- c. Any wages for second quarter after exit quarter? Please also indicate method of verification
- i.  No wages
  - ii.  Yes, in-state UI records only
  - iii.  Yes, out-of-state UI records (WRIS) only
  - iv.  Yes, both in- and out-of-state UI records
  - v.  Yes, other administrative records
  - vi.  Yes, supplemental through case management, participant survey, and/or verification with the employer
  - vii.  Unable to obtain information
  - viii.  Excluded

## SCSEP Unsubsidized Employment Form

c1. If excluded, reason

- i.  Deceased
- ii.  Health/medical
- iii.  Family care
- iv.  Institutionalized

d. If yes, earnings for second quarter after exit quarter \$ \_\_\_\_\_

e. Any wages for third quarter after exit quarter? Please also indicate method of verification

- i.  No wages
- ii.  Yes, in-state UI records only
- iii.  Yes, out-of-state UI records (WRIS) only
- iv.  Yes, both in- and out-of-state UI records
- v.  Yes, other administrative records
- vi.  Yes, supplemental through case management, participant survey, and/or verification with the employer
- vii.  Unable to obtain information
- viii.  Excluded

e1. If excluded, reason

- i.  Deceased
- ii.  Health/medical
- iii.  Family care
- iv.  Institutionalized

f. If yes, earnings for third quarter after exit quarter \$ \_\_\_\_\_

30. Follow-up 3

a. \*Scheduled date \_\_\_\_\_ (MM/DD/YYYY)

b. Completed date \_\_\_\_\_ (MM/DD/YYYY)

c. Any wages for fourth quarter after exit quarter? Please also indicate method of verification

- i.  No wages
- ii.  Yes, in-state UI records only
- iii.  Yes, out-of-state UI records (WRIS) only
- iv.  Yes, both in- and out-of-state UI records
- v.  Yes, other administrative records
- vi.  Yes, supplemental through case management, participant survey, and/or verification with the employer
- vii.  Unable to obtain information
- viii.  Excluded

c1. If excluded, reason

- i.  Deceased
- ii.  Health/medical
- iii.  Family care
- iv.  Institutionalized

31. Customer satisfaction and follow-up comments.

\*No data entry in SPARQ. Field is system-generated.