SCSEP Unsubsidized Employment Form

OMB Approval Number: 1205-0040
Expiration Date: 04/30/2014

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 ☐ For-profit
☐ Government ☐ 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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(Revised January 2011; replaces prior versions)

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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. ☐ Dr.

13. Contact person's phone number_____

13a. Contact person's fax number _____

13a1. Contact person's cell phone 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. ☐ Dr.

13g. Supervisor's phone number _____

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13h. Supervisor's fax number _____

13h1. Supervisor's cell phone number _____

13i. Supervisor's e-mail address _____

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

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

22. Unsubsidized employment comments

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
      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
   - 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

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
   - 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
   - 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.

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