



**Work Experience
Work Site Application**



Organization Name: _____

Address: _____
Street City State ZIP County

Federal Employer Identification Number (FEIN): _____

Type of Organization: Government Non-Profit Private
 Educational Institution Other: _____

Number of Participants Requested: _____ Subsidized Unsubsidized

Contact/Authorized Representative: _____ Phone: _____

Email: _____ FAX: _____

Administrative Questions

YES No

Is applicant in receivership or bankruptcy, or are any such proceedings pending? <i>(If yes, briefly explain on an attached sheet of paper)</i>		
within the last three years or has any business license been suspended or revoked? <i>(If yes, briefly explain on an attached sheet of paper)</i>		
Are your facilities and other planned sites to be used, accessible to individuals with disabilities as required by the Americans with Disabilities Act? <i>(If no, please explain on an attached sheet of paper.)</i>		
Are all of the applicant's required permits current?		
Is the applicant current with Unemployment Insurance? <i>(If yes, attach proof of current Unemployment Insurance coverage.)</i> NOTE: The worksite must document it is current with Unemployment Compensation for regular employees.		
Does applicant carry Workers' Compensation Insurance? <i>(If yes, attach proof of Workers' Compensation Insurance.)</i> NOTE: Worker's Compensation for participants will be provided by WDBMOV. However, the work site must document it is current with Worker's Compensation coverage for regular employees.		
Does applicant carry General Liability Insurance? <i>(If yes, attach proof of General Liability Insurance.)</i>		
Are any unions associated with this work site? If so, does your organization have union approval for this work activity? <i>(If yes, attach a list of all unions with contact information and documentation of the union concurrence.)</i>		

Certification: I certify that the statements herein are true, complete and accurate to the best of my knowledge. Any false, fictitious, or fraudulent statements or claims may be subject to disqualification for consideration and may be subject to criminal, civil, or administrative penalties. I have read, understand, and agree to comply with the terms and conditions of the worksite responsibilities. Representatives of the Workforce Development Board of the Mid-Ohio Valley and/or their staff will be permitted access to facilities, staff and records for the purpose of collecting any additional information related to the operation of the Region 4 Subsidized Work Experience program. I am authorized by my Board of Directors, Trustees, and other legally qualified officer or as the owner of this agency or business to submit this proposal.

Signature of Business Authorized Representative Title Date

Work Site Compliance Requirements



Organization Name: _____

We will meet all applicable program, Federal, State and local compliance requirements.

These include, but are not limited to:

Certification Regarding Debarment & Suspension: Worksite certifies that no entity, agency, or person associated with the worksite is debarred or suspended or is otherwise excluded from or ineligible for participation in federal assistance programs under Executive Order 12549, "Debarment and Suspension".

Certification of Compliance with Environmental Tobacco Smoke/Pro Children Act of 1994: Worksite certifies compliance with Public Law 103-227, Part C-Environmental Tobacco Smoke, also known as Pro-Children Act of 1994, requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan or loan guarantee. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1000 per day and/or the imposition of an administrative compliance order on the responsible entity. The Public Health Service strongly encourages all worksites to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

Certification of a Drug Free Workplace: In accordance with Public Law 100-690 Drug-Free Workplace Act of 1988 the worksite certifies the following requirements for a drug free workplace will be provided and/or maintained with a good faith effort including, at a minimum, having a policy statement and an ongoing drug awareness program. If such a policy and practice have not been established heretofore, worksite agrees to do so within thirty (30) calendar days. Worksite agrees to publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violation of such prohibition. Worksite also agrees to make it a requirement that each employee who will be engaged in the provision of service be given a copy of this statement and that each such employee understand that, as a condition of employment, the employee will abide by the terms of the statement.

Certifications Related to Lobbying: Worksite shall not endorse or support any candidate running for partisan political office. No federal or state funds under this program shall be expended to support any legislative lobbying efforts of worksite related to specific legislation. Worksite shall certify that no federal appropriated funds have been paid or will be paid, by or on behalf of the worksite or an employee thereof, to any person for purposes of influencing or attempting to influence an officer or employee of any Federal agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment or modification of any Federal contract, grant, loan or cooperative agreement.

Civil Rights: Worksite shall comply with all Federal and State laws, rules and regulations which prohibit any unlawful discrimination or violations of civil rights. Such laws, rules and regulations shall include, but not be limited to: Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. § 84), and guidelines and interpretations issued pursuant thereto, the Age Discrimination Act of 1975; Title IX of the Education Amendments Act of 1972.

Child Abuse: If a work site or supervisor suspects a participant meets the "abused child" definition in Chapter 49, Article 1.3 of WV Code, the work site and / or supervisor is required to contact the abuse hotline at 1-800-352-6513. If the work site is unsure of the procedure, a member of the Career Advantage Staff is to be contacted immediately.

Harassment: It is the policy of the Workforce Development Board of the Mid-Ohio Valley that all applicants / enrollees and employees have a right to work, train, and receive services in an environment free of discrimination, which encompasses freedom from harassment. The WDB-MOV promotes a system wide policy intended to prevent harassment of any type, including sexual harassment, of its employees and to deal quickly and effectively with any incident that might occur. Worksite assures compliance with this policy.

Signature of Business Authorized Representative

Title

Date



Work Experience Work Site Agreement and Responsibilities

Organization Name: _____

The worksite agrees to accept the following responsibilities involved accepting participants for the Subsidized Work Experience program.

- The worksites understand the primary goals of the program are:
 - * Safety is top priority
 - * Provide youth with transferable vocational, academic, and life skills that can be applied to other work
 - * Participant will complete real work
- The relationship between the worksite and the WDBMOV is one of a joint employer, in accordance with the Fair Labor Standards Act of 1938, as amended, interpretive bulletin, part 791.
- Participant will be provided an orientation to the worksite, including applicable rules, regulations, and safety procedures on the first day of the work.
- Supervision will be provided by worksite. Worksite agrees that youth will be supervised at all times.
- Worksite is aware of and will follow all OSHA and child labor regulations. Age appropriate tasks will be assigned to participants.
- Worksite is responsible for providing all work task equipment, transportation from meeting sites to work sites (if different), and first aid kits.
- Certifications needed for any work tasks (such as food handler's card, etc.) must be available at no cost to the participant(s).
- Worksites will be required to evaluate work skills and provide coaching on areas of improvement for each participant. WDBMOV staff will be a part of development of improvement plan. Worksites may not terminate participant without prior approval.
- Personnel information on participants is to be maintained in a safe, secure area. Information to be maintained should include, but is not limited to, time records and work evaluation information.
- Health and safety standards established under federal and state laws applicable to working conditions for other employees should be equally applicable to working conditions of participants unless more stringent regulations
- Conditions and considerations made available to other employees of the worksite must also be made available to participants of the Subsidized Work Experience program.
- Participants will not be involved in activities that are political in nature or in activities related to construction, operation or maintenance of facilities used for sectarian instruction or religious worship.
- No youth program participant may be employed in a position under the following:
 - * Regular employee(s) are displaced or face a reduction in work hours
 - * Individuals in equivalent position are laid off
 - * An employee has been terminated in anticipation of filling the position with a participant from this program.

Signature of Business Authorized Representative

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Work Experience Work Site Participant Instructions

Organization Name: _____

Would you like to interview the participant selected for your worksite prior to their start date? YES NO

Number of participants requested: _____

Position/Job Title of Participant 1: _____

Position/Job Title of Participant 2: _____

Position/Job Title of Participant 3: _____

Duties/Responsibilities of the Position/Job Title (attach job duties for additional participants)

When and where should the participant report on their First Day?

Time to Arrive: _____

Address: _____

Who to Report To: _____

What does the participant need to know before reporting on the first day?

What should s/he wear? _____

Are special shoes or clothing required? YES NO Please Describe: _____

Is a background check required? YES NO

Is a physical exam required? YES NO

Name of the Immediate Supervisor at the worksite for the participant(s): _____

Number of hours to work per week : _____ **Daily Start Time:** _____

End Time: _____

Is there a specific time for a lunch break? YES NO Other breaks? Please list below.

Lunch time: _____ **Break Times:** _____

Will the participant work at other sites than the organization's main location? If yes, please attach a list of additional sites.

Signature of Business Authorized Representative

Title

Date