

Unsubsidized Employment Form

1. Name of participant _____ 2. S.S. # _____

Employer Information

3. Name of employer _____

4. Employer mailing address

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

b. City

c. State

d. ZIP code

5. FEIN _____

6. Employer type

a. Private not-for profit b. Private for-profit c. Government

7. Is employer a host agency? Yes No

8. Did employer provide a Section 502(e) training site for this participant?

Yes No

Contact Information

9. Employment site name and location _____

10. Name of contact person _____

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

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

b. City

c. State

d. ZIP Code

Unsubsidized Employment Form

12. Contact person's title _____

13. Contact person's phone number _____

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)

- | | | |
|--|--|---|
| <input type="checkbox"/> a. Health insurance | <input type="checkbox"/> d. Vacation | <input type="checkbox"/> g. Other _____ (specify) |
| <input type="checkbox"/> b. Sick leave | <input type="checkbox"/> e. Transportation | <input type="checkbox"/> h. None |
| <input type="checkbox"/> c. Pension/profit sharing | <input type="checkbox"/> 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 _____

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

Customer Satisfaction 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)

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Follow-Up Information

26. Follow-Up 1

- a. Scheduled date _____ (MM/DD/YYYY)
- b. Actual 30-day date: _____ (MM/DD/YYYY)
- c. Completed date _____ (MM/DD/YYYY)
- d. Still employed 30 days after placement? Yes No
- e. Customer satisfaction survey delivered? Yes No
- f. Customer satisfaction survey completed? Yes No

27. 90-day date _____ (MM/DD/YYYY)

28. Has the participant received any services from SCSEP within the first 90 days after placement? Yes No

29. Follow-up 2

- a. Scheduled date _____ (MM/DD/YYYY)
- b. Completed date _____ (MM/DD/YYYY)
- c. Any wages for first quarter after exit? 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
- d. If yes, earnings for first quarter after placement \$ _____
- e. Still employed at 6 months after placement? Yes No

30. Follow-up 3

- a. Scheduled date _____ (MM/DD/YYYY)
- b. Completed date _____ (MM/DD/YYYY)
- c. Any wages for second quarter after placement? 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
- d. Any wages for third quarter after placement? Yes No
- e. If yes, earnings for third quarter after placement \$ _____