

YOUTH EMPLOYMENT PROGRAM

EMPLOYER PACKET

CHECKLIST

Employer Initials

- | | | |
|--|--------------------------|-------|
| 1. PROGRAM DESCRIPTION AND WORKSITE INFORMATION | <input type="checkbox"/> | _____ |
| 2. REQUEST FOR YOUTH PARTICIPANTS TO BE PLACED AT A WORKSITE | <input type="checkbox"/> | _____ |
| 3. WORKSITE AGREEMENT | <input type="checkbox"/> | _____ |
| 4. TRAINING PLAN | <input type="checkbox"/> | _____ |
| 5. PROCESS FOR REPORTING WORKSITE INJURIES | <input type="checkbox"/> | _____ |
| 6. STUDENT WORKER EMERGENCY INFORMATION | <input type="checkbox"/> | _____ |
| 7. ACCIDENT/INJURY REPORT | <input type="checkbox"/> | _____ |
| 8. AUTHORIZATION TO TREAT INJURIES | <input type="checkbox"/> | _____ |

Youth Employment Program (YEP) Funded by the Los Angeles County

Program Description

The Los Angeles Workforce Investment Board, in collaboration with the Department of Community and Senior Services, provides funding for SASSFA to provide employment and training services as part of a comprehensive program to address the extremely high unemployment rate for young people in Los Angeles County, which has reached 26.9 percent. Continued funding for youth employment for Fiscal Year (FY) 2011 – 2012 ensures that young people will have the opportunity to learn skills, build confidence, and develop work experience that will benefit them for a lifetime. YEP funding will also offer youth pre-employment training in preparation for work experience. Eligible youth are those between the ages of 16 – 24 years of age and receiving CalWORKS or Food Stamps, are foster youth living with a relative or transition age foster youth, or youth ages 18 – 24 receiving General Relief and demonstrate specific barriers to employment, or youth placed on probation. The summer program will operate between July 18, 2011 to September 10, 2011.

Worksite Information

Youth will work approximately 100 hours depending on age. Youth will be placed in worksites that include: local school districts, government offices, city municipalities, parks and private sector businesses. Participants may be placed in various entry-level positions including: office clerk, custodial assistant, retail sales clerk, recreation leader, and customer service representative. Youth participants will be provided a youth participant handbook and be required to attend a program orientation prior to being placed at a worksite.

All worksites must sign a worksite agreement and be willing to provide adequate supervision, make a commitment, and invest the time to help a youth participant become job ready. Worksite supervisors will function as worksite mentors. The participant's progress and job readiness will be evaluated using a Work Readiness Evaluation at the end of their assignment and monthly during the course of the assignment or more often if needed. All worksites must be in compliance with safety requirements and applicable labor laws.

Worksite supervisors will be required to attend an orientation which describes the program requirements, payroll and safety information, and allows program staff to answer questions. A worksite supervisor's handbook containing all the pertinent information will be provided to each supervisor.

**SOUTHEAST AREA SOCIAL SERVICES FUNDING AUTHORITY (SASSFA)
2011 YOUTH EMPLOYMENT PROGRAM**

REQUEST FOR YOUTH PARTICIPANTS TO BE PLACED AT A WORKSITE

Instructions: Please complete one form for EACH Worksite.

JOB SITE:		
ADDRESS:	CITY:	ZIP CODE:
CONTACT PERSON:		TELEPHONE:
E-MAIL:		FAX:

Job #	Job Title	# of Youth	Dept.	Supervisor's Name	Effective Date	Work Hours/Days From - To
1.						
2.						
3.						
4.						
5.						

Brief Job Description	Age Range
1.	
2.	
3.	
4.	
5.	

Job #	Job Title	# of Youth	Dept.	Supervisor's Name	Effective Date	Work Hours/Days From - To
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						

Brief Job Description	Age Range
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	

NOTE: Many of our Participants attend Summer School. Therefore, some positions may be difficult to fill; we will make every effort to accommodate your request.

**PLEASE FAX REQUEST TO: (562) 946-5818 OR MAIL TO: 10400 PIONEER BLVD., SUITE 9
SANTA FE SPRINGS, CA 90670**

1. Will any positions require heavy lifting or the operation of equipment? If so, please explain:

2. Does this worksite have any special requirements for the participant such as, T.B. skin test, Live Scan, etc.?

3. Is there a specific age requirement for any positions listed on page 1?

4. Do you receive any federal funding?

Yes _____ **No** _____

If yes, will the immediate supervisor be paid under this funding?

Yes _____ **No** _____

5. How would you like to interview the applicants?

One-on-one _____ **Group** _____

Which days of the week?

Mon **Tue** **Wed** **Thur** **Fri** **Sat** **Sun**

Comments:

A referral from SASSFA will be given to each applicant, please sign and return to applicant.

SOUTHEAST AREA SOCIAL SERVICES FUNDING AUTHORITY (SASSFA)

**YOUTH EMPLOYMENT PROGRAM
WORKSITE AGREEMENT**

This Agreement is entered into on this _____, day of _____, 2011, between _____, (herein after referred to as the "Employer") and the Southeast Area Social Services Funding Authority (herein after referred to as "SASSFA").

Under the terms of this agreement, the Employer agrees to:

- 1) Send the immediate supervisor(s) to a program orientation conducted by SASSFA.
- 2) Adhere to all applicable laws and regulations of the Youth Employment Program.
- 3) Provide age appropriate work assignments to _____ referred youth. (Participants range in age from 16 - 24 years).
- 4) Provide meaningful work experience, close supervision and training consistent with the participant's job description hereby incorporated as Exhibit A which is part of this contract.
- 5) Provide materials and safety equipment necessary to the performance of the participants work assignment.
- 6) Provide adequate full-time supervision of each participant by qualified supervisors.
- 7) Ensure adequate substitute supervision when regular supervision is absent.
- 8) Provide working conditions, which ensure a participant environment which is both safe and sanitary.
- 9) Adhere to all applicable Federal and State Child Labor Laws.
- 10) Maintain accurate time and attendance records, which reflect the time actually worked by the participant. The aforementioned records must be signed at the end of each week by the participant and supervisor, whose signature will verify its accuracy.
- 11) Maintain individual participant folders at each worksite, which contains the participant's emergency information, work permit, and other pertinent information.
- 12) Cooperate fully with monitors from SASSFA, the County of Los Angeles or the Department of Labor, during regular business hours.
- 13) Not to substitute or displace any regular employee by participating in this program.

Under the terms of this Agreement, SASSFA agrees to:

- 1) Provide a program orientation to participants which explains the program purpose, opportunities available through the program, program procedures, participant rights, benefits and obligations.
- 2) Provide a worksite supervisor orientation prior to the beginning of the program.
- 3) Ensure accident coverage of participants during work hours through SASSFA's Workers' Compensation Policy.
- 4) Provide each worksite supervisor with appropriate written material which is necessary to the performance of his/her duties, including a copy of this agreement and the Summer Youth Employment Program supervisor's handbook.

Employer Address: _____

Contact Person: _____

Phone Number: _____

FAX Number: _____

Termination of this Agreement

Failure by either party to comply with any or all of the stipulations set forth in this agreement may be cause to terminate this agreement.

Employer Signature Date

Signature of Coordinator Date

Youth Employment Program Training Plan

Participant Name: _____
 Employer Name: _____
 Job Title: Office Aide _____

Social Security #: _____
 Supervisor/Mentor: _____
 DOT Code: 237.569-010 _____

Skills to be Learned/Learning Objectives	Training hours	Start Date & End date	Training Method
<p>1. Skill/Learning Objective To become knowledgeable in, and practice the following workplace policies and procedures: arriving on time, call-in process, completing a time card, interacting with clients and coworkers, following directions and office procedures.</p> <p>Measurement Method Evaluation at end of each month or more if needed.</p>			Learner will participate in orientation where employment expectations will be discussed. Learner will be provided with written material describing expectations regarding office policies, procedures, conduct expectations and behaviors.
<p>2. Skill/Learning Objective To become proficient in the use office-related equipment. Learner will use fax machines, copiers, computers, phones and other office equipment in an appropriate and professional manner. Learner will assist staff with preparing and organizing student learning packets and organizing office supplies. Learner will answer phones and take messages.</p> <p>Measurement Method Evaluation at end of each month or more if needed.</p>			Learner will be provided with hands-on training related to office work. Learner will be trained in the proper use of office equipment and procedures. Learner will initially be supervised in the use of equipment and will eventually be allowed to operate equipment without supervision once learner demonstrates ability to use equipment in an accurate and safe manner.
<p>Supervisor Signature: _____</p> <p>Participant Signature: _____</p>			
Total Hours Work:			

Youth Employment Program Training Plan

Participant Name: _____
 Employer Name: _____
 Job Title: _____

Social Security #: _____
 Supervisor/Mentor: _____
 DOT Code: _____

Skills to be Learned/Learning Objectives	Training hours	Start Date & End date	Training Method
<p>1. Skill/Learning Objective</p> <p>Measurement Method Evaluation at end of each month or more if needed.</p>			
<p>2. Skill/Learning Objective</p> <p>Measurement Method Evaluation at end of each month or more if needed.</p>			
<p>Supervisor Signature: _____</p> <p>Participant Signature: _____</p>			
Total Hours Work:			

YOUTH EMPLOYMENT PROGRAM PROCESS FOR REPORTING WORKSITE INJURIES

Since SASSFA will be processing participant payroll, we will also be responsible for the Youth Employment Program Worker's Compensation Insurance coverage.

PROCEDURES:

In case of a worksite injury, the worksite supervisor will take the following steps:

Minor Injuries: (small cuts, etc.) – The worksite supervisor shall treat the wound using their first aid kit and report the injury to the Contractor's program coordinator. In addition, s/he will complete SASSFA forms 017-2-97 Accident-Incident Report, and mail the original to Partners for Progress after calling Ms. Alma Rosa Martinez, at (562) 946-2237, extension 222 and reporting the injury.

Average Injuries: (sprains, contusions, back pain, etc.) – The worksite supervisor shall immediately call the Youth Employment Program Coordinator. In addition, s/he will complete SASSFA form 017-2-97 and call Ms. Alma Rosa Martinez.

After making the appropriate calls, the worksite supervisor shall arrange to have the participant transported to SASSFA's authorized treatment center.

The worksite supervisor shall complete the Authorization to Treat form and send the participant with the original of the form to:

**Health First Medical Group – North
11817 E. Telegraph Road
Santa Fe Springs, CA 90670
(562) 949-9328**

The treatment center shall provide treatment and either release the participant or recommend further treatment.

Serious Injuries: (head, eye wounds, broken bones, neck injuries, etc.) – The worksite supervisor shall immediately call 911 and report the injury, giving the dispatcher as much detail as possible. (i.e., nature of injury, how it occurred, location, address, etc.) Soon thereafter, the worksite supervisor shall *report the injury* to the YEP Program Coordinator and Alma Rosa Martinez. **IMPORTANT: The Accident – Incident Report (SASSFA Form 017-2-97) is to be filled out** and faxed to SASSFA at (562) 948-5818.

REMINDER: COMPLETE THE ACCIDENT-INCIDENT REPORT FOR ALL INJURIES.



**SASSFA
EMPLOYEE WORKER EMERGENCY INFORMATION
(YOUTH PROGRAM)**

Name: _____

Street Address: _____

City/State/Zip: _____

Home Telephone #: _____ Alternative #: _____

Doctor's Name: _____

Doctor's Tele. #: _____

1) **EMERGENCY** Contact Name: _____

Relationship: _____ Telephone #: _____

2) **EMERGENCY** Contact Name: _____

Relationship: _____ Telephone #: _____

Important medical history (i.e., heart problems, diabetes, medications, etc.)

Critical allergies (i.e., bee stings, medications, etc.)

Please state any other information you feel might be necessary in case of an emergency:

I give my consent to SASSFA or its representatives to obtain medical attention it deems necessary in case of emergency. This includes paramedic or ambulance service, hospitals, doctor other than my own if he cannot be reached.

Participant / Parent / or Legal Guardian Signature

Date

S A S S F A
ACCIDENT/INJURY REPORT

Must complete report and return to the SASSFA Human Resource Department within 24 hours.

Name: _____ SSN: _____ - _____ - _____

Job Position: _____ Age: _____ Gender: _____

Task being performed when accident/injury occurred _____

Date of Accident: Mo. _____ Day _____ Yr. _____ Time of Accident: _____ am/pm

Pace of Accident: _____

Witnesses: (if any) Name: _____ Phone #: _____

Name: _____ Phone #: _____

First Aid Given? Yes No Hospitalized? Yes No

Hospital Name: _____

Physician Name: _____ Phone #: _____

Nature and extent of injuries: _____

How did accident/injury occur? (Be specific; use extra sheet if necessary): _____

Job or activity engaged in at time of injury (Be specific): _____

Describe any unsafe conditions, methods or practices related to the accident: _____

ACTION TAKEN:

Name of Person Responding: _____

Recommended Action: _____

Report filed? Yes No If yes, to whom? _____

Phone: () _____ - _____ Person Taking Report: _____

Injured Person's Signature

Date

AUTHORIZATION TO TREAT

HEALTH

FIRST Medical Group

HEALTH FIRST MEDICAL – NORTH
11817 E. Telegraph Road, Santa Fe Springs, CA 90670 * (562) 949-9328

- Initial Injury Drug Screen On Injury Body Part Injured

Physicals/Drug Screens 6:00 am – 4:30 pm
Picture I.D. Required!

- Post Offer Physical Drivers DOT Physical Hepatitis B Injection
 Return to Work Physical Federal Drug Screen Pulmonary Function Test
 Drug Screen Breath Alcohol Test Other

Patient Name: _____

Company Name: _____

Job Classification: _____

Modified Duty Available: _____

Insurance Name: STATE COMPENSATION INSURANCE FUND

Does employee work for:
Temp/Leasing Co. Yes No Tel.#: (562) 946-2237 Ext. 222

TODAYS DATE: _____

EXPIRES ON: _____

AUTHORIZED COMPANY SIGNATURE