

Participant Worksite Agreement

(Each Participant will need a separate Participant Worksite Agreement)

This Agreement is entered into by:

- 1) OhioMeansJobs-Crawford County (Program Operator)
- 2) Goodwill Industries (Program Operator)
- 3) _____ (Worksite)
- 4) _____ (Participant)

Business Name: _____ Business Address: _____

Worksite Address: _____ City: _____ State: _____ Zip: _____

Worksite Contact Person: _____ Phone: _____ Alternate: _____

Worksite Contact Person: _____ Phone: _____ Alternate: _____

Number of Clients Worksite is willing to accept: _____

BWC: _____

For the purpose of work-related activities under one or more of our workforce development programs (CCMEP Youth, WIOA Adult/Dislocated, Etc.).

Under this Agreement, participants may be provided with job shadowing opportunities, and/or paid or unpaid work experience opportunities. Job shadowing will allow participants to be exposed to occupational areas of interest to increase career awareness. Job shadowing is a short-term unpaid activity. Paid work experiences will allow participants to develop basic work habits, learn occupational skills and/or gain valuable work experience that will assist the participant in obtaining unsubsidized employment in the future.

This Agreement provides the following assurances:

- Appropriate standards for a healthy and safe work environment will be maintained at all times.
- All activities will be in compliance with current Fair Labor Standards.
- All Ohio minor labor laws will be followed if the participant is under the age of 18 and subject to these laws.
- Participant will not displace any regular employee by participating in the program. This includes partial displacement such as reduction in work hours, wages, benefits, or overtime.
- The worksite will provide meaningful work experiences to keep participants fully occupied during working hours.
- The worksite will provide adequate full-time supervision of each participant by qualified supervisors.
- There will be adequate accountability for participant time and attendance.
- There will be sufficient equipment and/or materials provided to carry out assignments.
- The program participant will comply with all worksite policies and standards of conduct.
- Participants will not perform work at worksites which include any political activity, religious workshops or sectarian instruction.
- This agreement will be maintained at the worksite and available for review by federal, state, local area agent and program operator monitors.



Crawford County

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Goodwill Industries

Serving Marion, Delaware, Union, Crawford, and Morrow Counties

Participant Name: _____

Expected Start Date: _____ Expected End Date: _____

Renumeration: \$11.00 per hour

Name of Supervisor: _____ Phone: _____

Name of Alternate Supervisor: (Optional): _____

Dress Code Required: (may attach policy)

Job Title: _____

Tasks/Duties:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____
- 7) _____
- 8) _____
- 9) _____
- 10) _____
- 11) _____
- 12) _____

Has the worksite obtained Union Concurrence for positions covered by collective bargaining? ☐Yes ☐No ☐N/A

If yes, please have Union Representative sign below signifying concurrence.

Nepotism:

In order to avoid any perceived or real conflicts of interest, participants may not be placed at worksites owned/operated by relatives. For the purpose of this policy, relatives are defined as individuals related by blood, marriage, or legal action. Examples: Spouse, Mother, Father, Son, Daughter, Sister, Brother, Mother-In-Law, Father-In-Law, Sister-In-Law, Brother-In-Law, Son-In-Law, Daughter-In-Law, Stepparent, Stepchild, Aunt, Uncle, Nephew, Niece, Grandparent, Grandchild, or Cousin. Also includes Domestic Partners.

Participant Disclosure:

☐Yes ☐No I am related to someone at this worksite.

If yes, name and relationship of individual: _____

This agreement may be terminated for violation of any part of this agreement.



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Signatures:

Name of Worksite Representative: _____

Signature: _____ *Date:* _____

Name of Program Representative: _____

Signature: _____ *Date:* _____

Name of Participant: _____

Signature: _____ *Date:* _____

Name of Parent/Guardian: (if required) _____

Signature: _____ *Date:* _____

Name of Union Representative: (if applicable) _____

Signature: _____ *Date:* _____

Please send completed agreement to:

OhioMeansJobs-Crawford County Fax: 419-562-7970 questions: 419-562-8066

Goodwill Industries Fax: 740-251-6164 or email bnolen@mariongoodwill.org questions: 740-251-7338