

**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.



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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 or Questions: 419-562-8066

Goodwill Industries Fax: 740-251-6164 or email [bnolen@mariongoodwill.org](mailto:bnolen@mariongoodwill.org) Questions: 740-251-7338