DHS Work Experience Agreement

Purpose: Define the responsibilities for the Employer and Participant during an unpaid work experience not to exceed 4 months.

Instructions for Employers

Step 1: Review the Employer Responsibilities, fill-in the requested information, and sign.
Step 2: Return the completed form to your Participant for submission to their Case Manager. You may keep a copy for your records.
Step 3: Expect a phone call from your Participant's Case Manager within 1 week of submission.

Employer Responsibilities

During First Week
- Define and communicate duties and expectations to Participant and provide adequate training and daily supervision.

Ongoing
- Offer regular feedback to Case Manager regarding Participant's progress towards work–related learning objectives and immediately notify Case Manager of any injury or misconduct regarding the Participant.
- Verify hours worked by Participant to Case Manager weekly via timesheet.
- Comply with applicable federal laws, regulations, and executive orders prohibiting discrimination in the provision of services based on race, color, religion, sex, age, disability, national origin, ancestry, or status as a veteran. Provide the same working conditions afforded to employees (e.g. hours, lunch/break times, sanitary work environment).

Upon Completion
- Provide performance evaluation to Participant with consideration for possible permanent employment.

Employer Information

Site Name:

Address:

City:	State:	Zip Code:

Supervisor Name:	Supervisor Title:

Phone Number:	Email:

Participant Information

First Name:	Last Name:	Last 4 of SSN:

Job Information

Job Title:_____Start Date:_____End Date: _____No. of Hours per Week_____

Description of Duties:

_____

_____

Agreement Acknowledgement: *The supervisor & participant have read & understood the terms of the agreement.*

Job Supervisor	Participant
Sign: Date:	Sign: Date:

FOR INTERNAL USE ONLY: DHS TEP Provider Verification

Case Manager Name:	Phone Number:
Email:	Sign: Date: