

1. Name of participant _____ 2. PID _____

Employer Information

3. Name of employer _____

4. Employer mailing address

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

b. City

c. State

d. ZIP code

5. FEIN _____

6. Employer type

Not-for-profit

For-profit

Government

Self-employment

7. Is employer a host agency? Yes No

8. Did employer provide an OJE training site for this participant? Yes No

9. Employment site name and location _____

9a. *Employer received customer satisfaction survey in PY _____

9b. Employer continued availability Available Not available

*No data entry in SPARQ. Field is system-generated.

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SCSEP Unsubsidized Employment Form

Contact/Supervisor Information

10. Name of contact person _____

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

a. Organization name or address field 1

b. Number and Street, Suite Number; and/or PO Box or address field 2

c. City

d. State

e. ZIP Code

12. Contact person's title _____

12a. Contact person's salutation Mr. Ms. Dr.

13. Contact person's phone number _____

13a. Contact person's fax number _____

13a1. Contact person's cell phone number _____

13b. Contact person's e-mail address _____

**Complete fields 13c-13i if supervisor is different from contact person (number 10).
If supervisor is the same as contact person, skip to field 14.**

13c. Name of supervisor _____

13d. Supervisor's mailing address if different from number 4

a. Organization or address field 1

b. Number and Street, Suite Number; or PO Box or address field 2

c. City

d. State

e. ZIP Code

13e. Supervisor's title _____

13f. Supervisor's salutation Mr. Ms. Dr.

13g. Supervisor's phone number _____

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13h. Supervisor's fax number _____

13h1. Supervisor's cell phone number _____

13i. Supervisor's e-mail address _____

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 _____

19a. Participant's job code _____

1. Art, Design, Entertainment, Sports, and Media	8. Food Preparation and Service	15. Production, Assembly, Light Industrial
2. Business and Financial Operations	9. Healthcare	16. Protective Service
3. Community and Social Services	10. Legal	17. Retail, Sales, and Related
4. Computer and Mathematical	11. Maintenance and Custodial	18. Self-Employment
5. Construction, Installation, and Repair	12. Management	19. Transportation and Material Moving
6. Education, Training, and Library	13. Office and Administrative Support	
7. Farming, Fishing, and Forestry	14. Personal Care and Service	

19b. High-growth placement

- | | | |
|--|---|---|
| <input type="checkbox"/> 1. Automotive | <input type="checkbox"/> 6. Financial Services | <input type="checkbox"/> 11. Retail |
| <input type="checkbox"/> 2. Advanced Manufacturing | <input type="checkbox"/> 7. Geospatial | <input type="checkbox"/> 12. Transportation |
| <input type="checkbox"/> 3. Biotechnology | <input type="checkbox"/> 8. Health Care | <input type="checkbox"/> 13. None |
| <input type="checkbox"/> 4. Construction | <input type="checkbox"/> 9. Hospitality | |
| <input type="checkbox"/> 5. Energy | <input type="checkbox"/> 10. Information Technology | |

20. Training-related placement? Yes No

SCSEP Unsubsidized Employment Form

21. Was placement the result of a substantial service provided to the employer by the sub-grantee? Yes No

22. Unsubsidized employment comments

Customer Service 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)

Follow-up Information

26. *90-day date _____ (MM/DD/YYYY)

27. Has the participant returned to program within the first 90 days after exit?

Yes No

27a. Has the participant re-enrolled in SCSEP within the first 90 days after exit?

Yes No

28. Follow-up 1

a. *Scheduled date _____ (MM/DD/YYYY)

b. Completed date _____ (MM/DD/YYYY)

c. Any wages for first quarter after exit quarter? Please also indicate method of verification

i. No wages

vi. Yes, supplemental through case management, participant survey, and/or verification with the employer

vii. Unable to obtain information

viii. Excluded

c1. If excluded, reason

i. Deceased

ii. Health/medical

iii. Family care

iv. Institutionalized

29. Follow-up 2

a. *Scheduled date _____ (MM/DD/YYYY)

b. Completed date _____ (MM/DD/YYYY)

SCSEP Unsubsidized Employment Form

- c. Any wages for second quarter after exit quarter? Please also indicate method of verification
- i. No wages
 - vi. Yes, supplemental through case management, participant survey, and/or verification with the employer
 - vii. Unable to obtain information
 - viii. Excluded
- c1. If excluded, reason
- i. Deceased
 - ii. Health/medical
 - iii. Family care
 - iv. Institutionalized
- d. If yes, earnings for second quarter after exit quarter \$_____
- e. Any wages for third quarter after exit quarter? Please also indicate method of verification
- i. No wages
 - vi. Yes, supplemental through case management, participant survey, and/or verification with the employer
 - vii. Unable to obtain information
 - viii. Excluded
- e1. If excluded, reason
- i. Deceased
 - ii. Health/medical
 - iii. Family care
 - iv. Institutionalized
- f. If yes, earnings for third quarter after exit quarter \$_____

30. Follow-up 3

- a. *Scheduled date _____ (MM/DD/YYYY)
- b. Completed date _____ (MM/DD/YYYY)
- c. Any wages for fourth quarter after exit quarter? Please also indicate method of verification
- i. No wages
 - vi. Yes, supplemental through case management, participant survey, and/or verification with the employer
 - vii. Unable to obtain information
 - viii. Excluded
- c1. If excluded, reason
- i. Deceased
 - ii. Health/medical
 - iii. Family care
 - iv. Institutionalized

31. Customer satisfaction and follow-up comments.

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