

Atlantic County Workforce Development Board

2022 Summer Youth Employment Program

Required Documentation:

1. Original completed and signed worksite agreement (3 Pages)
2. Position's Job Description / Duties
3. Copy of the current worksite Fire Inspection Certificate
4. Copy of the declaration page of the worksite Liability Insurance policy
5. Copy of the declaration page of the worksite Workers' Compensation Insurance policy

EMPLOYER WORKSITE AGREEMENT

SYEPP FORM A

Employer Name: _____ **FEIN IP** _____

Business Type: Private For Profit Private Non-Profit Public Non-Profit Government

Directions

1. Complete a separate form for each job title being requested
2. Sign & Date
3. File Form: Original at Local Office. Copy at Worksite.

Interview Required: Yes No

if Yes, interview Location: Business Address _____ **One Stop**

_____ **dates of employment Cohort #1 - Starting Date. May 1, 2023 Ending date June 30, 2023 dates of employment Cohort #2 - Starting date July 10, 2023 Ending Date: August 31, 2023**

All earnings for intern participants will be paid by the Atlantic County Office of Workforce Development.

EMPLOYER'S NOTE: Intern under the age of 18 must comply with NJSA 34:2-21.1 et. seq.,

Job Title: _____ Number of Positions Requested: _____

Hours per Week: _____ Daily Hours: From _____ To _____

Days Scheduled to Work (mark all that apply) Monday Tuesday Wednesday Thursday Friday Weekend

Direct Supervisor: _____ Phone: _____

Alternate Supervisor: _____ Phone: _____

OCCUPATIONAL SKILLS AND RESPONSIBILITIES

Job Duties: _____

Special Equipment Used on the Job _____

Age Qualifications: (check all **that** apply)

16 to 17 (For interns under 18, all supervisors must have up-to-date clearances and passed a background check)

18 or older

Position Qualifications:

Required as a condition of hire: Drug Screening background Check Fingerprinting Physical

Describe inclement weather provisions (if applicable) _____

AUTHORIZATION / CERTIFICATION

I certify that the above Worksite Data is accurate and complete. I certify that **I** have read **the required contractual elements as identified by the** New Jersey office of the State Comptroller and that my business /organization is in compliance with/will comply with the fourteen elements listed thereon.

As the authorized person in this agency, **I** have read and agree **to the terms** set forth in this worksite **agreement and will** submit/attach my W4 form upon request.

Employer Representative Signature

Title

Date

EMPLOYER WORKSITE AGREEMENT

SYEPP FORM A

Employer Name: _____ FEIN# • _____
Employer Address: _____ Telephone: _____
E-mail Address: _____ Date: _____

III. OFFICE OF THE STATE COMPTROLLER—FOURTEEN REQUIRED CONTRACTUAL ELEMENTS

The Employer shall agree that throughout the term of this Agreement it will comply with and remain in compliance with all of the required contractual elements as identified by the New Jersey Office of the State Comptroller and as presented in the summary below:

- 1) Assurance of compliance with Federal and New Jersey Child Labor Laws and agreement to prominently display a Child Labor Law poster in its building;
- 2) Assurance of compliance with Title VI and VII of Civil Rights Act of 194, as amended, and Executive Order 11246 - Equal Employment Opportunity. The Employer agrees not to discriminate based on race, creed, color, national origin, sex, age, political affiliation, belief, or disability/handicap.
- 3) Assurance of compliance with applicable Federal and State minimum wage laws and the Fair Labor Standards Act of 1938;
- 4) Assurance of compliance with health and safety standards established under Federal and New Jersey law otherwise applicable to working conditions of intern employees;
- 5) Assurance of Employer compliance with workers compensation law (if workers compensation law does not apply, insurance coverage must be secured for potential injuries suffered by intern in the course of their work experience);
- 6) Assurance that the intern *will not* displace (including a partial displacement, such as a reduction in the hours of non-overtime work, wages, or employment benefits) of any currently employed employee;
- 7) Assurance that the intern *will not* be employed in a job if any other individual is on a layoff from the same or any substantially equivalent job;
- 8) Assurance that the intern *will not* be employed in a job if the Employer has terminated the employment of any regularly employee or reduced the workforce of the Employer with the intention of filling the vacancy so created with the participating intern;
- 9) Assurance that the intern *will not* be employed in a job that will infringe in any way upon the promotional opportunities of currently employed individuals;
- 10) Assurance that the employment of a intern **will not** impair an existing contract for services or collective bargaining agreement. Written concurrence of the labor organization and the Employer is needed for intern employment activities that are inconsistent with the terms of the collective bargaining agreement;
- 11) Assurance that intern *will not* be employed in a job that includes the construction, operation, or maintenance of any part of any facility used or to be used for religious instruction or as place for religious worship;
- 12) Assurance that no intern will be placed at a worksite if a member of that intern's immediate family is directly supervised by or directly supervises that individual;
- 13) Assurance that no intern funded with resources derived from the American Recovery and Reinvestment Act will **be** placed at a casino or other gambling establishment, aquarium, zoo, golf course or swimming pool; nd
- 14) Assurance that a statement of purpose will be provided explaining the benefits that each participant should gain from their work experience.

ATLANTIC COUNTY OFFICE OF WORKFORCE DEVELOPMENT

2 South Main Street, r^d Floor, Pleasantville, NS 08232

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Summer Youth Employment Program Worksite: ADA Compliance Site Form

(To be completed by the employer)

(A copy of this document should be attached to the "worksite agreement.")

Activity Checklist

Date:

Program: Summer Youth Employment Program

Employer:

Worksite Address:

Directions: Workforce Innovation Opportunity Act (MOM entities are responsible, under Title II of the Americans with Disabilities Acts, for the evaluation of compliance efforts by contracted employer. In order to accomplish this evaluation process most effectively, please complete the following form by checking those statements that apply to your organization and/or business.

I. PROGRAMMATIC ACCESSIBILITY

a. Indicate any steps that have been taken to ensure accessibility to programs for person with disabilities:

- Relocation of activities to accessible space as necessary;
- Revision of procedures/formats rendering location change unnecessary;
- Modification/redesign of equipment;
- Other arrangements to accommodate persons with disabilities.
- Please explain:

b. Indicate any steps that have been taken to ensure adequate communications with persons with vision and/or hearing impairments:

- Auxiliary aids available- Please list: _____
- Alternative presentations of materials available:
 Braille Large Print Cassette Other: _____

STRUCTURAL ACCESSIBILITY

- Building/Training facility is accessible to individuals with disabilities (including access, restrooms and parking). If not, what structural changes will be made to render the facility accessible?

- Accessible entrances and locations are marked with signs.

III. TRANSPORTATION:

Does your organization supply transportation to participants?

Yes, please specify the steps taken to ensure equal access to transportation services for persons with disabilities.

No

Signature of Authorized Worksite Representative

Date