

# WORKFORCE SERVICES

sdjobs.org

## SCSEP UNSUBSIDIZED EMPLOYMENT

Name: \_\_\_\_\_  
FIRST LAST

Tel: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

### Mailing Address:

\_\_\_\_\_  
STREET CITY STATE ZIP

### EMPLOYER INFORMATION

Organization Name: \_\_\_\_\_

Business Type:  Non-profit  Faith-based  Government  Informal FEIN # \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Supervisor Title: \_\_\_\_\_

Email: \_\_\_\_\_ Tel: (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
Cell: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

### Mailing Address:

\_\_\_\_\_  
STREET CITY STATE ZIP

### EXIT INFORMATION

Reason for program Exit: (select only one)  Regular Employment  Self-Employment

Training Related Placement:  Yes  No Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Starting hourly wage: \$\_\_\_\_\_ Job Title: \_\_\_\_\_ Is your employer a host agency?:  Yes  No

Full-Time  Part-Time Number of hours expected to work per week: \_\_\_\_\_

**Benefits:** (check all that apply)  Health Insurance  Sick Leave  Pension/Profit Sharing  Vacation  
 Transportation  Room and Board  Other: \_\_\_\_\_  None

### VOLUNTEER INFORMATION

Will you engage in volunteer work after participation:  Yes  No  Unknown

If yes, number of volunteer activities \_\_\_\_\_ Number of hours spent volunteering each week \_\_\_\_\_

Primary volunteer activity: \_\_\_\_\_

Activity conducted for:  Non-profit  Faith-based  Government  Informal

### DISCLAIMER AND SIGNATURE

I authorize DLR to collect information regarding my employment status and wages for a period of thirteen months from the date below. This information may be used solely for statistical purposes and may not be disclosed to anyone not connected with the Senior Community Service Employment Program (SCSEP) in a manner that is individually identifying.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_/\_\_\_\_/\_\_\_\_  
DATE