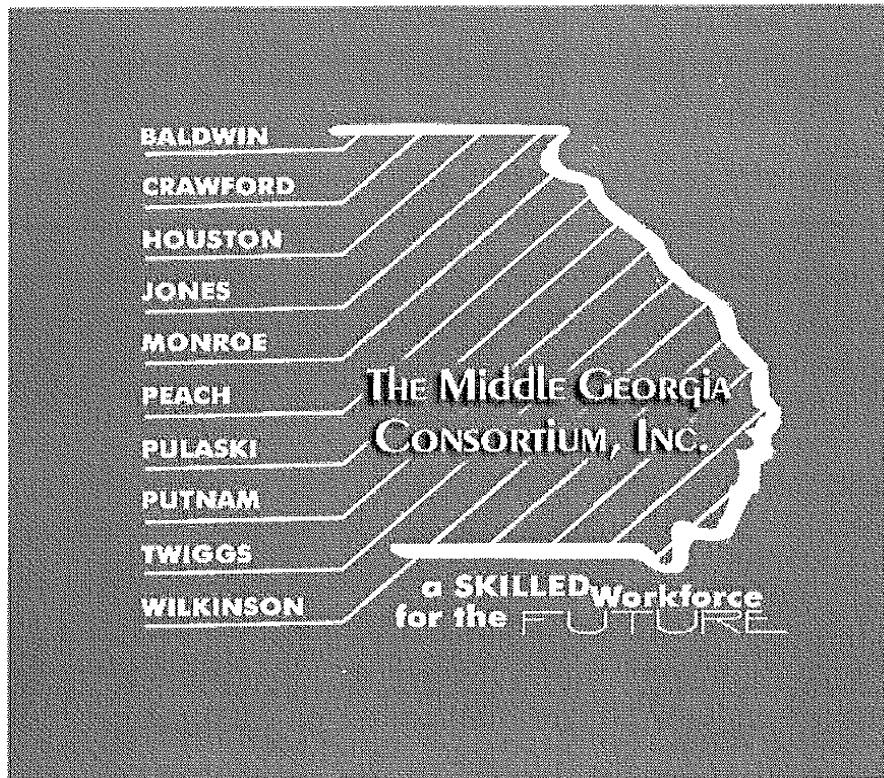


# ***Middle Georgia Consortium Inc.***

***Workforce Development System***

***124 Osigian Boulevard, Suite A- Warner Robins, Georgia 31088***

***(478) 953-4771 - (800) 537-1933 - FAX (478) 953-2509***



## ***Workforce Development***

### ***Worksite Application***

***Proudly Serving Residents In the Following Counties***

***Baldwin~Crawford~Houston~Jones~Monroe***

***Peach~Pulaski~Putnam~Twiggs~Wilkinson***

**2015-2016 WIOA SUBSIDIZED WORK-EXPERIENCE PROGRAM**

**WORKSITE DESCRIPTION**

**A. County:** \_\_\_\_\_

Worksite Name: \_\_\_\_\_

Worksite Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Contact Person(s): \_\_\_\_\_

Telephone No.: \_\_\_\_\_ FAX No.: \_\_\_\_\_

Email Address: \_\_\_\_\_

**B. Worksite Location (if different than above):**

County: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ FAX No.: \_\_\_\_\_

Contact Person(s): \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**C. Business Classification: (Check One):**

Local City/County Government

State or Federal Government

Private or Public, Non-Profit

Private or Public, For-Profit

Faith Community Organization

Community-Based Organization

**D. Agency Experience as a Worksite (Check One)**

New Application

1-2 Years

3-5 Years

6-9 Years

10 or More Years

Not Sure

**E. Mission Statement:** (Briefly describe the purpose and function of your agency and the community benefits that are to be derived from your agency's participation as a Worksite.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## JOB DESCRIPTION

### POSITION(S) DESCRIPTION(S) AND WORK SCHEDULES

**A. Position/Job Title:** Please copy and complete this page for each different position/job title requested. You may attach a job description(s) for each position.

**Position/Job Title** \_\_\_\_\_ **# of Participants Requested** \_\_\_\_\_

**Supervisor/Name & Title:** \_\_\_\_\_

**Alt. Supervisor/Name & Title:** \_\_\_\_\_

**List the skills desired or required upon referral:** \_\_\_\_\_

**Describe alternate work assignments due to inclement weather:** \_\_\_\_\_

**Job Duties:**

**B. Work Schedule:** Enter planned weekly work schedule for the WIOA participant.

\* Participants who participate in our program and are defined as **Out-of-School** youth may work up to 6 hours/day, 30 hours/week (FUNDING PERMITTING). Participants who participate in our program and are defined as **In-School** youth may work up to 4 hours/day, 20 hours/week (FUNDING PERMITTING). Evening and weekend schedules are allowed, provided it is in keeping with the Georgia Child Labor Laws, the participant has satisfactory transportation and adequate supervision. (Participants are not paid for time not worked, such as lunch breaks, sick leave or holidays.) **Hourly Wage: 7.25/hour**

**\*\* During Summer months, school breaks/vacations additional hours may be added to either the Out-of-School and/or In-School youth funding permitting and PRIOR approval from Consortium.**

Day of the Week	Begin Time	End Time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

**C. Permanent Job Opportunities:** Indicate the likelihood of permanent unsubsidized (fulltime or part-time, seasonal or as needed) employment to those participant who successfully meet or exceed performance.

\_\_\_\_ Likely to be Considered

\_\_\_\_ Not Likely to be Considered (Give Reason)

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**D. Worksite Environment/Accessibility:** Briefly describe the environment in which the WIOA participant will be assigned to work. Indicate your agency's accessibility to main roads or public transportation, accommodation for disabled persons, etc. Include any activities which are prohibited.

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**E. Funding Source(s):** Please indicate the sources of funds received to operate your agency and tell us whether or not you are likely to have funds available to coordinate the provisions of services to WIOA-eligible participants in your community. Include any "in-kind" services which your agency may be willing to provide.

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**F. As the Worksite Supervisory, I agree to:**

- Provide meaningful duties for participants to perform.
- Provide adequate supervision for the entire duration of the participant's participation.
- Submit bi-weekly time and attendance records and participant evaluation for each participant assigned to the worksite in accordance with the Consortium's payroll policies and procedures.
- Report any violations of the program participation requirements to the Consortium as soon as I become aware of them.
- Assist the Consortium's case management staff in identifying resources with the community which will adequately address the ten program elements required for the participant services to be funded under the Workforce Innovative and Opportunities Act (WIOA).
- Ensure that participants assigned to the worksite who are required to attend basic skill remedial activities are attending as scheduled.

\_\_\_\_\_  
**Worksite Supervisor's Typed or Printed Name**

\_\_\_\_\_  
**Alt. Worksite Supervisor's Typed or Printed Name**

\_\_\_\_\_  
**Worksite Supervisor's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Alt. Worksite Supervisor's Signature**

\_\_\_\_\_  
**Date**