

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.

Authorized for Local Reproduction

ETA-9122

(Revised March 2012; replaces prior versions)

This reporting requirement is approved under the Paperwork Reduction Act of 1995, OMB Control No. 1205-0040. Persons are not required to respond to this collection of information unless it displays a currently valid OMB number. Public reporting burden for this collection of information required to obtain or retain benefits (PL 109-365 Sec 501-518) is estimated to average six (6) minutes per response; including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection, including suggestions for reducing this burden, to the U.S. Department of Labor, Division of Adult Services, Room S-4203, 200 Constitution Avenue, NW, Washington, DC 20210 (PRA Project 1205-0040).

**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 \_\_\_\_\_

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)

- a. Health insurance       d. Vacation       g. Other \_\_\_\_\_ (specify)
- b. Sick leave               e. Transportation       h. None
- c. Pension/profit sharing       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

1. Automotive                       6. Financial Services                       11. Retail
2. Advanced Manufacturing       7. Geospatial                               12. Transportation
3. Biotechnology                   8. Health Care                               13. None
4. Construction                       9. Hospitality
5. Energy                               10. Information Technology

20. Training-related placement?  Yes                       No

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)

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.

[Empty rectangular box for customer satisfaction and follow-up comments]

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