

**Maricopa Workforce Connection  
Workforce Investment Act  
WORK EXPERIENCE WORKSITE AGREEMENT**

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**1. THE AGREEMENT**

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This Agreement is entered into between, \_\_\_\_\_, hereafter called the Service Provider, and \_\_\_\_\_, hereafter referred to as the Employer, to provide work related activities to WIA participants, to develop basic work habits, learn occupational skills and gain valuable work experience as appropriate.

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**2. WORK EXPERIENCE SPECIFICATIONS**

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**The Employer agrees to the following specifications:**

- a. Name of Participant:  
Social Security Number:
- b. List primary tasks and responsibilities or a Job Description (attach training plan and/or skills competency log:
- c. Equipment and tools to be used on the job:
- d. Tools and work clothing/shoes required by participant.
- e. Physical requirements - such as standing or stooping, expressed in hours per day, and lifting or carrying, expressed in pounds and hours per day:
- f. Work Experience payment hourly rate: \$ \_\_\_\_\_ per hour.
- g. Total estimated hours: \_\_\_\_\_ Training period: \_\_\_\_\_ to \_\_\_\_\_
- h. Total estimated payments to participant: \$ \_\_\_\_\_  
(hourly rate X hours)
- I. Name and title of supervisor(s):

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**The Employer further agrees:**

- a. That the work experience assignment will not reduce any of the hours of a current employee; displace any currently employed or laid off worker; impair existing contracts or collective bargaining agreements; or infringe upon promotional opportunities of current employees.
- b. To maintain records and prepare reports on the individual WEP trainee(s) as prescribed by the Service Provider.
- c. To observe and comply with applicable safety and health standards, Workers Compensation, and the labor laws of Arizona and the Federal Government.
- d. To maintain sufficient general liability insurance for tort claims protection.
- e. To allow the Service Provider and/or duly authorized representatives to visit the premises, observe conditions and activities, and follow-up with the work experience trainee(s).

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### 3. SERVICE PROVIDER AGREEMENT

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**The Service Provider agrees to:**

- a. Supply the Employer with the required forms, procedures for maintaining work experience trainee(s)' records, and instructions of required reporting information.
- b. Provide a counselor to assist the Employer in the resolution of training, employment, and personal problems that may affect performance.
- c. Provide tools, work clothing/shoes, and supportive services as may be required by each work experience trainee, if applicable.
- d. Provide monetary Training Payments to work experience trainee(s) as needed or required.

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### 4. ADDITIONAL DECLARATIONS

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This agreement is subject to Title IIB of the Workforce Investment Act of 1998 and the regulations issued thereunder, and any service, financial aid, or other benefits provided under this Agreement shall be provided without discrimination due to age, race, color, creed, sex, handicap, or national origin.

The participant may not be related to the employer or any employees at the worksite.

Work experience trainees are not employees of the Service Provider, the employer, or the County, but are participants of the WIA program. Work experience trainees shall comply with rules and policies as outlined by the employer for employees of this particular position with the exception of paid sick leave and annual leave. Work experience trainees shall be covered for injuring on the job by the general liability or Worker's Compensation of the Service Provider; or through the Arizona Health Care Cost Containment System (AHCCCS) for TANF/JOBS/TPEP recipients.

This Agreement may be terminated by either party by giving written notice to the other party no less than five (5) working days before the intended termination date.

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### 5. SIGNATURES

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NAME OF EMPLOYER (*Typed*)

AUTHORIZED EMPLOYER REPRESENTATIVE'S SIGNATURE

DATE

NAME AND TITLE (*Typed*)

EMPLOYER ADDRESS

PHONE NO.

SERVICE PROVIDER

AUTHORIZED SERVICE PROVIDER REPRESENTATIVE'S SIGNATURE

DATE

NAME AND TITLE (*Typed*)

SERVICE PROVIDER ADDRESS

PHONE NO.

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Participant Signature

DATE

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Distribution: Original - Service Provider ! Copy - Employer

Participant File

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### 6. AGENCY CALCULATIONS

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**SHADE OR MARK THE APPROPRIATE CATEGORIES BELOW:**

- In-School Youth
- Out of School Youth
- For Profit/Private Sector
- For Non Profit/Public Sector
- Adult

**ENTER PARTICIPANT NAME AND SS# BELOW:**

Participant Name:

Social Security Number: