## SCSEP HOST AGENCY Application

A picture containing object

Description automatically generated

# DEPARTMENT OF EMPLOYMENT SERVICES

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| Host Agency Information | | | | | | | | |
| HOST AGENCY NAME | | | | | | FEDERAL EMPLOYER IDENTIFICATION | | |
| AGENCY STREET ADDRESS (No., Street, City, State, Zip) | | | | | | | | |
| AGENCY MAILING ADDRESS (If different from above) | | | | | | | | |
| AGENCY REPRESENTATIVE OR CONTACT NAME | | | | | | AGENCY REPRESENTATIVE TITLE | | |
| PHONE NO. | | (     ) | | E-MAIL ADDRESS: |  | | | |
| FAX NO. | | (     ) | | | | | | |
| Type of Agency | | | | | | | | |
| Federal Government  Non-Profit Organization (Tax exempt under 501 (c)(3) of the Internal Revenue Code of 1954)(***Attach copy of IRS certification***)  State Government | | | | | | | | |
| **Population Served by Agency**  General Population  Over 55 Population | | | | | | | | |
| **Agency Description** -Check the activity that best describes your agency’s focus:  Conservation  Community Betterment  Health and Hospitals  Social Services  Counseling  Employment Assistance  Housing and Home Rehabilitation  Other:  Education  Environmental Quality  Public Works/Transportation  Financial  Legal  Recreation, Parks, and Forests  *Describe other*: | | | | | | | | |
| **Agency Purpose-** | | | | | | | | |
| Potential Assignments: Please list the positions you are interested in receiving assistance from SCSEP. | | | | | | | | |
| Assignment Title | | |  | | | | | |
| Assignment Description | | |  | | | | | |
| Address |  | | | | | | | |
| Assignment Title | | |  | | | | | |
| Assignment Description | | |  | | | | | |
| Address: |  | | | | | | | |
| Employment | | | | | | | | |
| Employment- Will the agency be able to employ the participant upon successful completion of training?  Yes, provided that funding is available.  No, there is not a reasonable expectation that funding will be available.  **If no, what will the agency do to help the participant obtain employment?**  Please explain: | | | | | | | | |
| Disclaimer and Signature | | | | | | | | |
| I verify that this training position constitutes a new expanded service and is not a violation of maintenance of effort regulations of the U. S. Department of Labor. (Positions of SCSEP participants shall be in addition to positions which otherwise would be funded by the local training site without the assistance from SCSEP. Positions funded under SCSEP shall result in an increase in employment opportunities over those which would otherwise be available may not result in the displacement of currently employed workers, including partial displacement such as reduction in hours, etc. may not employ or continue to employ a trainee to perform work the same or substantially the same as that performed by any other person who is on layoff.) | | | | | | | | |
| **AUTHORIZED AGENCY REPRESENTATIVES NAME AND TITLE** (Print or Type): | | | | | | | | |
| **Signature:** | | |  | | | | **Date:** |  |