



# Youth Employment PARTICIPANT CONTRACT

WIOA Youth Regular: ISY: \_\_\_ OSY: \_\_\_  
WIOA Youth Summer: \_\_\_ TANF: \_\_\_  
Other: MYP: \_\_\_ Re-Entry: \_\_\_  
YouthBuild: \_\_\_ Documented Disability: \_\_\_

## Participant

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone # (\_\_\_\_\_) \_\_\_\_\_  
Job Title \_\_\_\_\_  
Starting Date \_\_\_\_\_  
Ending Date \_\_\_\_\_

## Worksite

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone (\_\_\_\_\_) \_\_\_\_\_  
Supervisor \_\_\_\_\_  
Hrs/Week \_\_\_\_\_ Rate of Pay \_\_\_\_\_  
Total Hours \_\_\_\_\_

## What to do in case of an absence:

If I cannot make it to work, I will call my supervisor at \_\_\_\_\_ (phone #) before \_\_\_\_\_ (time).

## Reasons for Termination:

I understand that I may be terminated from my job for any of the following reasons:

1. Failure to report for work at assigned time
2. Failure to obey reasonable direction given by worksite supervisor
3. Theft or turning in fraudulent time sheets
4. Inappropriate behavior on the job
5. Reporting for work under the influence or in possession of alcohol or drugs

## Job Responsibilities:

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

I understand that pre-employment skills will be assessed and addressed as part of the program. \_\_\_\_\_

I have received an orientation. \_\_\_\_\_

I understand that work maturity skills will be assessed and addressed as part of the program. \_\_\_\_\_

I understand the Employee Right to Know Act. \_\_\_\_\_

I have read and understand this contract. \_\_\_\_\_

\_\_\_\_\_  
WDI Staff Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

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