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# **Cares Act "Experience Works" Participant Agreement**

## Section 1: Job Candidate Information

PARTICIPANT NAME:		
BEGINNING DATE:		END DATE:
		December 30, 2020
JOB TITLE:		
WEEKLY/ HOURLY RATE (Paid b	by Westches	ster County to Participant):

# Section 2. "Experience Works" Opportunity

The term "Experience Works" means a paid employment experience provided to a participant who may be a new hire, a current or laid off employee. WPWDB agrees to:

- Pay the participant from an activation date to be determined as per the agreement until December 30, 2020. Each participant will be paid on a bi-weekly basis at a rate equal to the rate established by the worksite.
- These payments are **taxable** (the participant will be responsible for the tax on your NY Federal and State Return as well as FICA and Medicare income to the participant.

#### Section 3: Signatures

## I hereby agree to all the terms and conditions in this Agreement.

Printed Name:	Date:
Signature:	
Participant	
Printed Name:	Date:
Title:	
WPWDB Staff	

Email back to: <u>WestchesterCCN@westchestergov.com</u> or directly to the Employment Service Rep who has been assisting you.