A proud partner of the americanjobcenter network

Cares Act "Experience Works" Participant Agreement

Section 1: Job Candidate Information

Section 1. Job Canadate informa	CIOII		
PARTICIPANT NAME:			
BEGINNING DATE:	END DATE:		
	December 30, 2020		
JOB TITLE:			
WEEKLY/ HOURLY RATE (Paid by Westche	ster County to Participant):		
		<u> </u>	
Section 2. "Experience Works" Op	pportunity		
The term "Experience Works" mea who may be a new hire, a current WPWDB agrees to:	ans a paid employment experience p or laid off employee.	rovided to a participant	
,	n activation date to be determined a participant will be paid on a bi-weekl worksite.	, •	
· •	le (the participant will be responsible s well as FICA and Medicare income	•	
Section 3: Signatures			
I hereby agree to all the terms an	d conditions in this Agreement.		
Printed Name:	Date:		
Signature:			
Participant			
Printed Name:	Date	e:	
Title:			
WPWDB Staff			

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