

Student Training & Employment Program (STEP)

- Explore your career options
- Get paid \$16.90/hour to try out a job
- Flex the soft skills that guarantee success at top companies
- Learn how to win in the World of Work
- Build your on-the-job avatar to earn you the most "points"

Do you meet all the requirements below:
You could be eligible for STEP!

- You are between the ages of 16 and 21
- You are A STUDENT currently enrolled in school or in a post-secondary training program
- You are covered by a current IEP or 504 Plan (or have other written proof of a disability)

How to Apply

- **READ THIS APPLICATION CAREFULLY** before writing anything on it.
- **FILL IN ALL BLANKS AND SIGN** your application wherever it says *Individual, Applicant, Student or Employee Signature*. If you are **under 18** years of age, **your parent or guardian must sign your application also**. If something doesn't apply to you, write N/A on the space.
- **Attach your four (4) supporting documents listed below to your STEP Application Packet** that you (and your parent if you're 16 or 17) have filled in and signed. **Any missing signature, page or supporting document will delay the process.**
 1. **A copy of your current IEP Eligibility/Information or 504 Plan** (OR a doctor's note, or a community college notice of accommodation, etc.)
 2. **Your Unofficial Transcript** for the current school year or semester (**proof that you are currently IN SCHOOL. This is very important!**)
 3. **A clear copy of your original Social Security Card** (that you have **signed** on the bottom line; this is required to put you on payroll)
 4. **Valid Photo Identification** (California ID, Driver License, or school ID for the **current** school year with a **clear photo**. Expired ID cards are not acceptable for payroll purposes.
- **Turn your PAPER application to:** WorkNet/STEP, 6221 N West Lane, Suite 105, Stockton, CA 95210,
ATTENTION: Melyn Cardenas
- **To drop it off:** our hours are Monday to Friday, 8:30 am to 4:30 pm. On Wednesdays, we close at 2 for staff training.
- Need help with the application? **Make an appointment BEFORE coming to Stockton WorkNet** by calling Melyn at 209-953-5654 or emailing mcardenas@sjcworknet.org
- **You may scan your full application** packet and **email** it to the above email address. **PLEASE make CLEAR, READABLE SCANS** using a scanning app or the iPhone Notes app scan function to avoid delays.

Student Training &
 Employment Program (STEP)

(To be completed by WorkNet Staff)
 City _____ Intake Date _____
 Intake Staff Name _____
 Approved by DOR on _____

STEP APPLICATION

Instructions: To apply for STEP, PLEASE COMPLETE/ANSWER ALL QUESTIONS below. Write N/A if question doesn't apply. Please **PRINT your answers** using **only BLACK ink**. Please **DO NOT use a PENCIL to fill out this form**.

Application Information

Full name (as printed on your Social Security Card): _____ Date of Birth/Age at time of Application _____

 Last First M.I. (mm/dd/yyyy) Age

Address: _____
 Street Address Apartment/Unit #

 City State Zip Code

Cell Phone number: _____ Alternate Phone: _____

Email Address: _____ Home Phone (if any): _____

Last four digits of Social Security No: xxx-xx-_____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you worked in the past? YES NO If yes, when? _____

Where did you work? _____

What did you do at work? _____

Check this box if you have participated in STEPS before. If you have a resume, you may attach it to your application.

Education

Current School: _____ School Address: _____

Current grade or College Level: _____	Graduated or completed high school: <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, received: <input type="checkbox"/> HS Diploma <input type="checkbox"/> Certificate	Check if applicable: <input type="checkbox"/> Obtained GED <input type="checkbox"/> In Young Adult Program <input type="checkbox"/> Vacation from _____ to _____
Will you be Attending summer School? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, what time will you be available to work? <input type="checkbox"/> AM <input type="checkbox"/> PM	What other summer activities are on your schedule this year?	<input type="checkbox"/> Sports _____ <input type="checkbox"/> Other activity from _____ to _____

FOR OFFICE USE ONLY

Male, 18+ years old? NO YES, Selective Service Registration # _____ OSY ISY
 Language spoken other than English: _____ School District: _____

Skills Inventory

What kind of skills and work or volunteer experience do you have? Check all that apply:

<input type="checkbox"/> Answering phones, taking, and relaying messages	<input type="checkbox"/> Filing, alpha-ordering, faxing, copying, mail handling
<input type="checkbox"/> Word processing, data entry on computer	<input type="checkbox"/> Lifeguarding, swimming <input type="checkbox"/> First Aid/CPR
<input type="checkbox"/> Computer set-up/repair <input type="checkbox"/> Childcare, babysitting	<input type="checkbox"/> Housekeeping <input type="checkbox"/> Laundry <input type="checkbox"/> Janitorial
<input type="checkbox"/> Meal preparation <input type="checkbox"/> Food service	<input type="checkbox"/> Yardwork, gardening <input type="checkbox"/> Flea/Farmer's Market Work
<input type="checkbox"/> Structural painting <input type="checkbox"/> Graffiti abatement	<input type="checkbox"/> Tutoring, homework assistance <input type="checkbox"/> Retail/Sales

Interest Inventory

Some jobs emphasize one; other jobs combine two or all three categories. Check all that apply.

JOB CATEGORY Which category do you prefer? Rank according to preference: 1 = most preferred 2 = second choice 3 = least preferred	SKILLS/INTERESTS Which skills do you like to do and do well? Check all that apply:	JOB CLASSIFICATION Which jobs are you interest in? Check your most preferred job:
DATA Making judgments and decisions based on facts Rank: _____	<input type="checkbox"/> Follow a set office routine everyday <input type="checkbox"/> Follow instructions completely and accurately; meet deadlines <input type="checkbox"/> Speak clearly with good grammar <input type="checkbox"/> Write clearly with good grammar <input type="checkbox"/> Work with numbers & complex concepts <input type="checkbox"/> Work with speed and accuracy	<input type="checkbox"/> Clerical/Office Assistant <input type="checkbox"/> Teacher's Aide <input type="checkbox"/> Library Aide <input type="checkbox"/> Data Entry (computer database management) <input type="checkbox"/> Records/Inventory Clerk <input type="checkbox"/> Website Administrator <input type="checkbox"/> Other: _____
PEOPLE Directing, helping, and/or influencing people Rank: _____	<input type="checkbox"/> Care about people and their needs <input type="checkbox"/> Effective public speaking to influence people's actions <input type="checkbox"/> Give or follow written or oral instructions <input type="checkbox"/> Interact with and assist the young, elderly, or disabled <input type="checkbox"/> Resolve conflicts between two parties <input type="checkbox"/> Perform before an audience or make presentations to a group <input type="checkbox"/> Teach people to use computers/devices	<input type="checkbox"/> Hospital aide/caregiver <input type="checkbox"/> Childcare Aide <input type="checkbox"/> Tutor <input type="checkbox"/> Technical support (computer) <input type="checkbox"/> Recreation Aide/Lifeguard <input type="checkbox"/> Arts & Crafts Activity Aide <input type="checkbox"/> Office Receptionist <input type="checkbox"/> Peer Coach/Community Organizing Aide <input type="checkbox"/> Theater Arts
THINGS Operating machines: using equipment to perform tasks; working with plants or animals; manual labor Rank: _____	<input type="checkbox"/> Work with hands, tools, or light equipment <input type="checkbox"/> Set up/repair computers/devices <input type="checkbox"/> Work with plants or animals <input type="checkbox"/> Lift, pull, or move materials and/or objects <input type="checkbox"/> Follow technical instructions in verbal, written or chart form <input type="checkbox"/> Work in a warehouse or records storage <input type="checkbox"/> Clean and organize assigned areas <input type="checkbox"/> Prepare food, process ingredients	<input type="checkbox"/> Maintenance Aide, Janitor <input type="checkbox"/> Warehouse or Stock Clerk <input type="checkbox"/> Food Service/Food Bank Aide <input type="checkbox"/> Animal Shelter Aide <input type="checkbox"/> Graffiti Abatement/Building painter <input type="checkbox"/> Gardener/urban farmer <input type="checkbox"/> Computer/IT Assistant
<input type="checkbox"/> You prefer to work INSIDE	<input type="checkbox"/> You can work either INSIDE or OUTSIDE	<input type="checkbox"/> You prefer to work OUTSIDE

Signatures

I certify that the answers above are true and complete to the best of my knowledge.

Applicant Signature

Date signed

Parent or Legal Guardian Signature *

Date signed

*If applicant is below 18 years of age. This application is not valid without signature/s.

Student Training &
Employment Program (STEP)

Participant Contact Information

Participant Name

Telephone #

Address

City

Zip Code

Emergency Contacts

Primary emergency contact

()

Phone

()

Message phone

Address

City

Zip Code

Secondary emergency contact

()

Phone

()

Message phone

Address

City

Zip Code

CONSENT TO RELEASE AND OBTAIN INFORMATION

DR 260 (Rev. 12/21)

DIVISION: _____

Name / Entity / Address:	Individual's Full Name and Address:
Record Number, if applies:	Date of Birth:

I hereby consent to and authorize the Department of Rehabilitation (DOR) to:

- | | |
|---|---|
| <input type="checkbox"/> Obtain from the above Name / Entity | <input type="checkbox"/> Release to the above Name / Entity |
| <input type="checkbox"/> Benefits Planning Query | <input type="checkbox"/> Benefits Summary and Analysis |
| <input type="checkbox"/> Employment History | <input type="checkbox"/> Financial Aid Award |
| <input type="checkbox"/> HIV / AIDS Information | <input type="checkbox"/> Progress Reports |
| <input type="checkbox"/> Individualized Education Program (IEP) | <input type="checkbox"/> Transcripts / Report Cards |
| <input type="checkbox"/> Individualized Plan for Employment (IPE) | <input type="checkbox"/> Work Incentives Plan |
| <input type="checkbox"/> Psychological / Psychiatric Reports | <input type="checkbox"/> Vocational Rehabilitation Records |
| <input type="checkbox"/> Drug and Alcohol Information, as explicitly described below | |
| <input type="checkbox"/> Regional Center Records, including Individual Program Plan (IPP) | |
| <input type="checkbox"/> Other: _____ | |

The dates of the requested information are: _____ to _____

I acknowledge and understand the following: the requested information may contain medical history, treatment, and diagnosed mental and physical condition, including drug and alcohol information, psychiatric disabilities, or HIV / AIDS. I may refuse to allow DOR to release or obtain information by not signing this form or not checking some of the above boxes, which may affect the provision of vocational rehabilitation services. The information requested by DOR will be used to determine eligibility for or assist in the provision of vocational rehabilitation services. The DOR shall not make any disclosure of the information received without my signed authorization, unless required or permitted by law. I may revoke this authorization in writing at any time; however, the revocation will not be effective to the extent that any person or entity has already acted in reliance on my authorization prior to the revocation. I may have a copy of this signed authorization, which will remain valid for 30 days from the date of signature, unless

otherwise specified here: _____

Individual's Signature 	Date Signed
Parent, Guardian, or Conservator Signature (if needed) 	Date Signed
Witness Signature (if above signature by mark) 	Date Signed
Information sent To / From: Department of Rehabilitation	Phone Number:

Staff Name and Title: _____

Address: _____

CONSENT TO RELEASE AND OBTAIN INFORMATION

DR 260 (Rev. 12/21)

PRIVACY STATEMENT AND NOTICE

The California Information Practices Act of 1977 (Civ. Code § 1798.17) and the Federal Privacy Act (5 U.S.C. § 552a) require this notice be provided to individuals when collecting personal information. The information requested on this form is necessary to correctly identify the individual and provide written consent to obtain or release information for the limited purpose of determining eligibility for or assisting in the delivery of vocational rehabilitation services or release information at the individual's request. Please do not provide any personal information on this form that is not requested.

An individual has the right to revoke this authorization by providing written notice to the local Department of Rehabilitation (DOR) office serving the individual. If an individual revokes the authorization, it will not affect information already used or released before DOR received the individual's written notice. The federal Health Insurance Portability and Accountability Act (HIPAA) (42 U.S.C. § 290dd-2) may not protect information after it is released or provided to agencies not covered by that law. Even though DOR is not subject to HIPAA, DOR adheres to applicable federal and state privacy laws. The DOR's Privacy Policy is online at www.dor.ca.gov.

Information obtained by DOR will be included in the individual's record of services. An individual has the right to inspect information maintained by DOR about the individual, unless otherwise prohibited or conditioned by law or regulation. For assistance accessing such information, contact the DOR staff listed on the form.

Any personal information collected or released by DOR is subject to the limitations established in federal and state law and regulations. Federal law requires DOR to release some personal information to other state agencies in order to match data, such as wage records, for federal performance accountability requirements. In some cases, DOR may release personal information in response to a court order, investigations in connection with law enforcement, fraud, abuse, or to protect the individual or others. The DOR may also release personal information for audit, evaluation, or research purposes directly connected with the administration of the vocational rehabilitation program or to significantly improve the quality of life for applicants and recipients of services in accordance with a written agreement that limits use of the information and safeguards confidentiality, and if the final product reveals any personal identifying information, informed, written consent is required. (29 U.S.C. § 3141; 34 C.F.R. § 361.38; 42 C.F.R. §§ 2.33, 2.51, 2.52, 2.61, and 2.63; Civ. Code §§ 56.13 and 1798 et seq.; and Cal. Code of Regs., tit. 9, §§ 7140 through 7143.5.)

If information is RELEASED with the informed, written consent of the individual to whom the information pertains, the receiving individual or agency should be aware that the information from DOR is confidential. Federal and state law and regulation prohibit any further disclosure of this information without the informed, written consent of the individual to whom this information pertains, unless otherwise permitted by law.

STUDENT SERVICES PLAN REQUEST

DR203 (Rev 12/21)

PAGE 1 OF 2

Student Last Name		Student First Name		Student Middle Initial
Mailing Address		City	Zip Code	County
Phone Number	Email Address			
Date of Birth (MM/DD/YYYY)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Decline to State			

Please check all that apply

- White Hispanic or Latino Black or African American American Indian/Alaska Native
 Hawaiian Samoan Guamanian or Chamorro Other Pacific Islander
 Chinese Korean Asian Indian Japanese Vietnamese
 Filipino Laotian Cambodian Other Asian Decline to State

Please state the student's disability or reason for IEP/504 eligibility

Documentation (Please Select One)

- IEP (provide a copy)
 504 Plan (provide a copy)
 School Signature (see below)

If "School Signature" is selected: I confirm that the student is enrolled in the school identified below and has a record of or is regarded as having the disability stated above.

Signature of School Official 	Date
Printed Name of School Official	Title

School Name	School Address	Current Grade Level
School Type <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Charter <input type="checkbox"/> Home School <input type="checkbox"/> GED Program <input type="checkbox"/> Vocational/Technical <input type="checkbox"/> College/University <input type="checkbox"/> Other		Expected Date of Graduation/Exit from School (MM/DD/YYYY)

Parent/Guardian/Conservator Last Name	First Name	Relationship <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Conservator
Phone Number	Email Address	

I give permission to school personnel to release this information to the Department of Rehabilitation. (20 U.S.C. 1232g(b) and 34 CFR 99.30 and 99.31.) I confirm that the student has documentation of or is regarded as having the disability stated above. I give consent for the student to participate in student services provided or arranged by the DOR, for as long as the student qualifies for such services.

Student Signature 	Date Signed	Parent/Guardian/Conservator Signature 	Date Signed
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STUDENT SERVICES PLAN REQUEST

DR203 (Rev 12/21)

PAGE 2 OF 2

FORM PURPOSE

This form is intended to request the Student Services Plan for potentially eligible students, in accordance with 34 CFR 361.48(a) and the Vocational Rehabilitation Services Portion of the Unified State Plan. "Potentially eligible" students are defined as students with disabilities, ages 16 through 21, who have not yet applied or been found eligible for the vocational rehabilitation program. This is not an application for vocational rehabilitation services.

The Student Services Plan can include any or all of the five pre-employment transition services: job exploration counseling, work-based learning, postsecondary enrollment counseling, work readiness training, and instruction in self-advocacy, depending on the needs and interests of the student. The Student Services Plan supports students to explore and prepare for employment through career exploration, work experience, and other foundational skills that assist in achieving workplace success.

FORM COMPLETION INSTRUCTIONS

Complete this form to document that the student is currently enrolled in a recognized education program and is considered a student with a disability as defined in 34 CFR 361.5(c)(51). Parent/Guardian contact information and consent are required for students who are less than 18 years of age and not an emancipated minor. Conservator contact information and consent are required for students with disabilities who are over 18 and have a conservator with relevant authority. An electronic version of this form is available online at www.dor.ca.gov. For more information on the requirements for pre-employment transition services, refer to 29 USC sections 705(37) and 733, and 34 CFR parts 361.48(a) and 361.5(c)(51). Consent for the student to participate in the Student Services Plan may be revoked at any time by providing written notice to the local DOR office.

NOTICE AND PRIVACY STATEMENT

The information requested on this form is necessary to correctly identify the individual as a student with a disability as defined in 34 CFR 361.5(c)(51), to provide authorization for the provision of pre-employment transition services, and to provide authorization for school personnel to release the information requested on this form to the DOR to coordinate, provide, or arrange student services in accordance with 29 USC sections 705(37) and 733 and 34 CFR parts 361.48(a) and 361.5(c)(51). Failure to provide the information requested may result in delays in services. Individuals should not provide any personal information on this form that is not requested.

The student, or parent, guardian, or conservator as appropriate, has the right to revoke the school's authorization to release information by providing written notice to school personnel. If the student, or parent, guardian, or conservator as appropriate, revokes the authorization, it will not affect information released to the DOR before the school personnel received the written notice revoking the authorization.

An individual has the right to inspect information maintained by the DOR about the individual, unless otherwise prohibited or conditioned by law or regulation. For assistance accessing such information, contact the DOR. The DOR's Privacy Policy is online at www.dor.ca.gov. The DOR office locations and contact information can be found at <https://www.dor.ca.gov/Home/FindAnOffice>.

Any personal information maintained by the DOR is subject to the limitations in the California Information Practices Act (Civ. Code § 1798 et seq.), Title 34 Code of Federal Regulations section 361.38, and California Code of Regulations, title 9, sections 7140 through 7143.5. The DOR may release personal information in response to a court order, investigations in connection with law enforcement, fraud, or abuse, subject to the limitations set forth in California Code of Regulations, title 9, section 7143.5. (34 CFR 361.38(e)(4) and (5).)



Patricia Virgen
Executive Director

A proud partner of the America's JobCenter network
of California™

RELEASE OF INFORMATION

I hereby give permission and authorize the Employment and Economic Development Department to obtain or release information relative to my eligibility and progress in my Workforce Innovation and Opportunity Act (WIOA) employment and training experience in San Joaquin County to the following entities:

- Vocational Research Institute
- Human Services Agency
- Other Governmental Agency
- Employers
 - Work History
 - Wage Information
- Employment Development Department (EDD)
 - UI Base Wage Information
 - UI Profiling Information
 - Last Employer Information
- Schools
 - Name
 - Phone
 - Cumulative folder information
 - Grades/Transcript
 - Test Scores
 - Student Attendance Records
 - Citizenship Records
 - Counselor Information

Applicant Signature

Applicant Print Name

Date

Parent/Legal Guardian Signature

Date of Birth

Social Security Number

FOR HSA USE ONLY

This shall serve as verification that the above-named person was was not receiving benefits from HSA during the month of _____, 20__:

- TANF
 - General Assistance
 - Food Stamps
 - Other _____
- Case Number _____
- Total number of people in family group _____

HSA Representative

Phone Number

Date

San Joaquin County Employment & Economic Development Department (WorkNet/AJCC) GRIEVANCE AND COMPLAINT PROCEDURES

Workforce Innovation and Opportunity Act (WIOA), 20 Code of Federal Regulations (CFR) Proposed Rules, Section 683.600, requires that recipients of WIOA funds establish and maintain hearing and appeal procedures for handling program related grievances/complaints, except for grievances related to Job Corps. WIOA Proposed Rules 20CFR 683.600 defines the requirements for both the local and State grievance procedures.

San Joaquin County WorkNet/America's Job Center of California (AJCC), in compliance with WIOA federal regulations and State directives, has established a grievance/complaint procedure for the prompt review, impartial consideration and equitable disposition for complaints (administrative and/or Equal Employment Opportunity) presented by a complainant in any WorkNet Center under WIOA §181(c) (1). This does not cover complaints concerning fraud and abuse or alleged discrimination due to participant disabilities.

- At all levels of the grievance/complaint process, complainants have the right to be represented, at their own expense, by a person or persons of their choosing.
- All complainants have the right to technical assistance provided at no cost by WorkNet/AJCC.
- Grievances/complaints must be filed within **one (1) year** of the alleged violation. All grievances/complaints, amendments and withdrawals must be in writing.

I. **Filing the Grievance/Complaint**

Grievances/complaints must be in writing, signed and dated. The date the grievance/complaint is received by WorkNet, its service providers, One-Stop partners or subrecipients, shall be considered the date of filing. The grievance/complaint shall be considered a request for hearing. WorkNet/AJCC shall issue a written decision within sixty (60) days of the filing date.

A. Complaint Information

1. The grievances/complaints must provide the following in the original filing:
 - a. The full name, telephone number and mailing address of the complainant;
 - b. Full name, telephone number and mailing address of the agency and person involved (respondent);
 - c. A statement of allegations in a clear and concise statement of the facts, including dates and any supporting documentation available;
 - d. What the complainant believes are the violation(s) of the Act, regulations, labor standards, grants or agreements, to the best of the complainant's knowledge;
 - e. Grievances/complaints against individuals, including participants or staff shall indicate how those individuals did not comply with the WIOA law, regulation or contract; and
 - f. Remedy sought by the complainant.

B. Timeline for filing original complaint

1. Any absence of the required information shall constitute grounds for dismissal of the grievance/complaint.
2. The written complaint must be made within one (1) year of the alleged occurrence.
3. Complaints alleging discrimination on the basis of a participant's disability must be filed within 180 days of occurrence.
4. A complainant has the right to withdraw their grievance/complaint in writing at any time prior to the formal hearing.
5. Grievances/complaints may be amended to clarify issues, but not to add new allegations.
6. All complaints submitted to WorkNet/AJCC must be mailed to:
Stockton WorkNet Center, Attention: Patricia Virgen, 6221 West Lane, Suite 105, Stockton, CA 95210.

C. Informal resolution of the complaint

1. WorkNet/AJCC shall notify the complainant and the respondent of the opportunity for an informal resolution.

2. Respondents must make good faith efforts to resolve all grievances/complaints prior to the scheduled hearing. Failure on the part of either party to exert good faith efforts shall not constitute a basis for dismissing a grievance or complaint, nor shall it be considered to be a part of the facts to be judged in the resolution process.
3. WorkNet/AJCC shall ensure that any grievance/complaint not resolved in the informal resolution process, shall be provided a formal hearing, regardless of the merit of the grievance/complaint.
4. When a complaint has been resolved through the informal resolution process, WorkNet/AJCC shall attempt to contact the complainant and have them provide a written withdrawal of the complaint within 10 days of the receipt of the notice of resolution or impasse where a complainant decides not to proceed to an administrative hearing.

D. Hearing process

Complainant may have representation if desired. Both parties shall have the opportunity to examine relevant records and documents, to present written or oral testimony and to call and/or question witnesses. The hearing shall be recorded either mechanically or by a court reporter. If an informal resolution is not possible between the complainant and respondent, WorkNet/AJCC must notify the complainant in writing of the next formal procedural step in the grievance process.

II. **Notice of Hearings**

In the event a decision cannot be reached through the informal resolution process, WorkNet/AJCC shall:

- A. Conduct a hearing by an impartial independent hearing officer within thirty (30) days of the filing a grievance/complaint.
- B. Notify the complainant and respondent of the "Notice of Hearing" not less than ten (10) days prior to the date of the hearing by certified mail (return receipt requested). The time of the hearing may be earlier if mutually agreed to by both parties.
- C. The following information shall be included in the written Notice of Hearing;
 1. Grievances/complaint case number, name of complainant, name of respondent, date of grievance/complaint;
 2. Date, time and location of the hearing before an impartial hearing officer and an opportunity to present evidence; and
 3. A statement of the alleged violation(s). These statements must accurately reflect the content of the grievance or complaint as submitted by the complainant. However, clarifying notes may be added to assure that the grievance or complaint is addressed accurately.
- D. A request for a five (5) day postponement may be granted either party upon a showing of good cause to the Hearing Officer, provided the hearing is still conducted within thirty (30) days of the filing of the grievance/complaint.

III. **Rules of the Hearing**

- A. Shall be held in an informal manner;
- B. The presentation of both written and oral testimony will be allowed;
- C. Both parties may present witnesses and the right to cross-examine the witness; and
- D. Both parties have the right to examine all relevant records and documents submitted.
- E. The hearing will be recorded electronically or by a court reporter.

IV. **Decision**

- A. The decision shall be made not later than sixty (60) days after the filing date (Note: Time spent in informal resolution efforts may not extend this time limit) and must include:
 1. The names of the parties involved;
 2. A statement of the alleged violation and any related issues;
 3. A statement of facts;
 4. The decision on the issue and the reasons for the decision;

Student Training &
Employment Program (STEP)

ONLY FOR MALES AGED 18 AND OVER
Authorization To Verify or Register for Selective Service

As a male applicant aged 18-21 years old, I hereby authorize San Joaquin County WorkNet/EEDD to verify if I am registered for Selective Service. If it is determined that I am not registered, I authorize San Joaquin County WorkNet to perform online Selective Service registration on my behalf as required by law to participate in any WIOA-funded program such as STEPS, based on the policy directive quoted below.

Participant Signature

Date

EXCERPTS FROM SELECTIVE SERVICE REGISTRATION POLICY DIRECTIVE (Date: April 10, 2017 Number WSD16-18 c/o EDD):

Males who are subject to the registration requirements of the Military Selective Service Act must have complied with these requirements to be eligible for participation in WIOA funded programs and services. Under WIOA Section 189 (h), the U.S. Secretary of Labor is required to ensure that each individual participating in a WIOA program, or receiving any assistance under WIOA Title I, has not violated Section 3 of the Military Selective Service Act. This section requires that every male residing in the United States (citizen or non-citizen) must register with Selective Service between their 18th and 26th birthday. This guidance is being reissued to clarify acceptable forms of documentation when determining whether an individual's failure to register with the Selective Service was knowing and willful.

All programs and services established or receiving assistance under WIOA Title I must comply with the Selective Service registration requirements. These requirements apply to both formula and discretionary grants awarded by the Department of Labor (DOL). They do not apply to programs funded or solely authorized by the Wagner-Peyser Act.

Selective Service Registration Requirements

Males born on or after January 1, 1960, are required to register with the Selective Service within 30 days of their 18th birthday and up to, but not including, their 26th birthday. This includes the following males: • U.S. citizens. • Veterans discharged before their 26th birthday. • Non-U.S. citizens including undocumented immigrants, legal permanent residents, and refugees, who take up residency in the U.S. prior to their 26th birthday. • Dual nationals of the U.S. and another country, regardless of whether they live in the U.S.

Selective Service registration is not required for the following male U.S. citizens: • Males who are serving in the military on full-time active duty. • Males attending the service academies. • Disabled males who were continually limited to a residence, hospital, or institution. • Males who are hospitalized, institutionalized, or incarcerated are not required to register during their confinement. However, they must register within 30 days after being released if they have not yet reached their 26th birthday. • Male veterans discharged after their 26th birthday.

https://www.edd.ca.gov/jobs_and_training/pubs/wsd16-18.pdf.



Employment Eligibility Verification

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No.1615-0047
Expires 05/31/2027

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

Section 1. Employee Information and Attestation: Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.

Last Name (Family Name)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address		Employee's Telephone Number	
<p>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</p>		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		<input type="checkbox"/> 1. A citizen of the United States				
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)				
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)				
<input type="checkbox"/> 4. An alien authorized to work until _____ (exp. date, if any)						
If you check Item Number 4. , enter one of these:						
USCIS A-Number		OR	Form I-94 Admission Number		OR	Foreign Passport Number and Country of Issuance
Signature of Employee				Today's Date (mm/dd/yyyy)		

If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the [Preparer and/or Translator Certification](#) on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)	<p>Additional Information</p> <p>Check here if you used an alternative procedure authorized by DHS to examine documents.</p>				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.

Last Name, First Name and Title of Employer or Authorized Representative		Signature of Employer or Authorized Representative		First Day of Employment (mm/dd/yyyy):
Employer's Business or Organization Name		Employer's Business or Organization Address, City or Town, State, ZIP Code		
				Today's Date (mm/dd/yyyy)

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

County of San Joaquin
Employee's Withholding Certificate

Employee ID# _____

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.
 Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		
Caution: To claim certain credits or deductions on your tax return, you (and/or your spouse if married filing jointly) are required to have a social security number valid for employment. See page 2 for more information.			

TIP: Consider using the estimator at www.irs.gov/W4App to determine the most accurate withholding for the rest of the year if you: are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at www.irs.gov/W4App.

Step 2: Multiple Jobs or Spouse Works Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for the most accurate withholding for this step (and Steps 3-4). If you or your spouse have self-employment income, use this option; **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than Step 2(b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, Step 2(b) is more accurate

Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):			
	(a) Multiply the number of qualifying children under age 17 by \$2,200	3(a)	\$	
	(b) Multiply the number of other dependents by \$500	3(b)	\$	
	Add the amounts from Steps 3(a) and 3(b), plus the amount for other credits. Enter the total here	3		\$

Step 4: Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$
	(b) Deductions. Use the Deductions Worksheet on page 4 to determine the amount of deductions you may claim, which will reduce your withholding. (If you skip this line, your withholding will be based on the standard deduction.) Enter the result here	4(b)	\$
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$

Exempt from withholding	I claim exemption from withholding for 2026, and I certify that I meet both of the conditions for exemption for 2026. See <i>Exemption from withholding</i> on page 2. I understand I will need to submit a new Form W-4 for 2027 <input type="checkbox"/>
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Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	Employee's signature (This form is not valid unless you sign it.) _____		Date _____

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)



Employee ID# _____

County of San Joaquin
Employee's Withholding Allowance Certificate

Complete this form so that your employer can withhold the correct California state income tax from your pay.

Form with sections: Personal Information, First, Middle, Last Name, Social Security Number, Address, City, State, ZIP Code, Filing Status (Single or Married, Married, Head of Household).

- 1. Use Worksheet A for Regular Withholding allowances. Use other worksheets on the following pages as applicable.
1a. Number of Regular Withholding Allowances (Worksheet A)
1b. Number of allowances from the Estimated Deductions (Worksheet B)
1c. Total Number of Allowances you are claiming
2. Additional amount, if any, you want withheld each pay period (if employer agrees), (Worksheet C)
OR

Exemption from Withholding

- 3. I claim exemption from withholding for 2026, and I certify I meet both conditions for exemption. (Check box here)
OR
4. I certify under penalty of perjury that I am not subject to California withholding. I meet the conditions set forth under the Service Member Civil Relief Act, as amended by the Military Spouses Residency Relief Act and the Veterans Benefits and Transition Act of 2018. (Check box here)

Under penalty of perjury, I certify that the number of withholding allowances claimed on this certificate does not exceed the number to which I am entitled or, if claiming exemption from withholding, that I am entitled to claim the exempt status.

Employee's Signature _____ Date _____

Employer's Section: Employer's Name and Address, California Employer Payroll Tax Account Number

The Employee's Withholding Allowance Certificate (DE 4) is for California Personal Income Tax (PIT) withholding purposes only. The DE 4 is used to compute the amount of taxes to be withheld from your wages, by your employer, to accurately reflect your state tax withholding obligation.

As of January 1, 2020, the Employee's Withholding Allowance Certificate (Form W-4) from the Internal Revenue Service (IRS) is used for federal income tax withholding only. You must file the state form DE 4 to determine the appropriate California PIT withholding.

If you do not provide your employer a completed DE 4, your employer must use Single with Zero withholding allowance.

Check Your Withholding: After your DE 4 takes effect, compare the state income tax withheld with your estimated total annual tax. For state withholding, use the worksheets on this form.

Exemption From Withholding: If you wish to claim exempt, complete the federal Form W-4 and the state DE 4. You may claim exempt from withholding California income tax if you meet both of the following conditions for exemption:

- 1. You did not owe any federal and state income tax last year, and
2. You do not expect to owe any federal and state income tax this year.

If you continue to qualify for the exempt filing status, a new DE 4 designating exempt must be submitted by February 15 each year to continue your exemption. If you are not having federal and state income tax withheld this year but expect to have a tax liability next year, you are required to give your employer a new DE 4 by December 1.

Member Service Civil Relief Act: Under this act, as provided by the Military Spouses Residency Relief Act and the Veterans Benefits and Transition Act of 2018, you may be exempt from California income tax withholding on your wages if

- (i) Your spouse is a member of the armed forces present in California in compliance with military orders;
(ii) You are present in California solely to be with your spouse; and
(iii) You maintain your domicile in another state.

If you claim exemption under this act, check the box on Line 4. You may be required to provide proof of exemption upon request.

STATEMENT OF INTENT TO EMPLOY A MINOR AND REQUEST FOR A WORK PERMIT—CERTIFICATE OF AGE

CDE Form B1-1 (Rev. 02-14)

A "STATEMENT OF INTENT TO EMPLOY A MINOR AND REQUEST FOR A WORK PERMIT—CERTIFICATE OF AGE" form (CDE Form B1-1) shall be completed in accordance with California *Education Code* 49162 and 49163 as notification of intent to employ a minor. This form is also a Certificate of Age pursuant to California *Education Code* 49114.

*(Print Information)***Minor's Information**

Minor's Name (<i>First and Last</i>)		Home Phone	Grade
Home Address		City	Zip Code
Birth Date	Social Security Number	Age	Student's Signature

School Information

School Name	School Phone	
School Address	City	Zip Code

To be filled in and signed by parent or legal guardian

This minor is being employed at the place of work described with my full knowledge and consent. I hereby certify that to the best of my knowledge and belief, the information herein is correct and true.

Parent's Name (<i>Print First and Last</i>)	Parent's Signature	Date
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To be filled in and signed by employer

Business Name or Agency of Placement	Business Phone	Supervisor's Name
Business Address	City	Zip Code
Employer's Maximum Expected Work Hours: _____ hours per day _____ hours per week		
Describe nature of work to be performed: _____		

In compliance with California labor laws, this employee is covered by workers' compensation insurance. This business does not discriminate unlawfully on the basis of race, ethnic background, religion, sex, sexual orientation, color, national origin, ancestry, age, physical handicap, or medical condition. I hereby certify that, to the best of my knowledge, the information herein is correct and true.

Employer's Name (<i>Print First and Last</i>)	Employer's Signature	Date
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For authorized work permit issuer use ONLY

Maximum number of work hours when school is in session:								Maximum number of work hours when school is not in session:							
Mon	Tues	Wed	Thur	Fri	Sat	Sun	Total	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Total
Proof of Minor's Age (<i>Evidence Type</i>)								Check Permit Type: <input type="checkbox"/> Full-time <input type="checkbox"/> Restricted <input type="checkbox"/> General <input type="checkbox"/> Work Experience Education, Vocational Education, or Personal Attendant <input type="checkbox"/> Workability							
Verifying Authority's Name and Title (<i>Print</i>)															
Verifying Authority's Signature															

For more information about child labor laws, contact the U.S. Department of Labor at <http://www.dol.gov/>, and the State of California Department of Industrial Relations, Division of Labor Standards Enforcement at <http://www.dir.ca.gov/DLSE/dlse.html>.

Student Training & Employment Program (STEP)

WAIT A SECOND!

HAVE YOU ATTACHED THE REQUIRED DOCUMENTS TO YOUR APPLICATION?

√ **Check every box to make sure!**

- IEP eligibility/information:** page, or 504 Plan, or Accommodations Letter, or note from physician or licensed therapist
- Proof of in-school/student status:** unofficial transcript, or recent report card, or class schedule showing your name, school, and current school term date
- Copy of **Social Security Card** (with signature of applicant on bottom line)
- Copy of **valid/unexpired California ID/DL** (if you are 18 or older), or school ID card for current term (if you are 16 or 17)

ALL the above must be attached to your application! Without these documents, your application can't be processed.

ANY QUESTIONS about these required attachments? Email Melyn at mcardenas@sjcworknet.org or call (209) 953-5654.