

Work Experience Participant Packet

1. You will have _____ hours of work experience; you are not allowed to exceed these hours.
2. You must arrive on time and ready to work your identified shift. If you are going to be late or absent you must call (909) 481-0270 and let your Career Mentor know a minimum of 12 hours in advance.
3. You must be dressed appropriately in pants and a shirt that are professional, no Levis or sleeveless shirts. You will be held to the same standard of professional attire you would expect from other employees. If needed, we have supportive service funds to help you gain appropriate clothing.
4. Always operate in a professional manner, displaying great customer service. Smile, be kind, and make them feel they are having a better day. Great customer service skills should be used not only with the public, but also with those you work with.
5. You will be paid \$9.00 per hour. Your timesheet **must be faxed to (909) 481-3947** on the dates indicated in the payroll schedule in order for your check to be processed. **You are responsible for faxing it to us by the due date. Your check will be mailed to the address on your W-4.**
6. If you have any problems or concerns please address them with your Career Mentor. If you need additional assistance, please contact Teresa Taylor at (909) 481-0270.

**I understand that when I have completed the Work Experience,
I may NOT apply for Unemployment Insurance.**

Name: _____

Signature: _____



High Desert
ph: 760-780-0342
fax: 760-780-0341

Lake Arrowhead
ph: 909-744-8043
fax: 909-336-4313

Rancho Cucamonga
ph: 909-481-0270
fax: 909-481-3947

Work Experience

Paid or unpaid work experiences are sometimes called Internships. Your purpose in this work experience is to become knowledgeable about how internships can play a significant role in your personal career development. It is designed to help you in understanding the reasons for an internship, how to prepare for one, how to do research in finding one, and to have your Career Mentor's assistance in structuring it. Statistically, three out of four internships turn into jobs. The job offer may not come from the company or organization where you did your work experience, but as you develop contacts from that field, you will expose your skills to a broader audience that has an interest in what you want to do.

Why a work experience?

This is designed to help you understand the personal benefits of a work experience. Knowing what you want to learn, what you have to contribute, and how it will help you in your career are important steps.

List 3 reasons why you would like to do a work experience.

1. _____

2. _____

3. _____

As a first time intern, you may be a bit unsure about how to act in a work experience. View this experience the same way you would a regular job, such as arriving early, working hard, and dressing appropriately.

A Worksite Agreement will be put in place to guide the learning experience. You will be working closely with your Career Mentor to structure and guide this experience. The agreement helps the employer, participant, and Career Mentor understand the expectations of the work experience.

Questions you may want to ask:

1. What time do you report to work?
2. How many hours a day do you work?
3. What would your responsibilities be?
4. To whom would you report?
5. What major projects will be faced in the near future?
6. Does the organization have a mission statement? If so, what is it?

The End of Your Work Experience

As you bring your work experience to a close, there are some final activities that you may want to consider.

- ❖ A **formal thank you card** thanking the individuals and the company leadership you worked with. This shows a high degree of professionalism.
- ❖ Take time for a **personal thank you** to the people who taught you and guided your learning there. Tell them what you learned and how you expect to use that knowledge in your job.
- ❖ Request **letters of recommendation** from supervisors who know your work well enough to give specific comments and recommendation. Ask them if they will also be a reference for your job.
- ❖ Ask for **recommendations** to other organizations that might be hiring.
- ❖ Obtain **brochures, flyers, or other promotional material** to include in a portfolio about the place where you did your work experience. You could use this portfolio in your job search to show employers what you have done, and where.
- ❖ If you were evaluated during the time you did your work experience, ask to have a **copy of your evaluation** for your portfolio.
- ❖ Ask for a **copy of your job description** while you were on the work experience. If one is not available, prepare one yourself and ask your supervisor to review it for anything that might have been left out.
- ❖ Ask your supervisor if you can have **copies of projects you worked on** or work that would represent what you learned there. These copies would look great in your portfolio. You could show them to a future employer to show what you learned, and what you know how to do.
- ❖ Think about what you have learned on your work experience. Use this as an opportunity to think about what you learned, as well as what you did to assist the company.

Workers Compensation & Safety

Safety

It is important that you use good judgment while at your training site to avoid personal injuries. Do not operate any equipment or machinery without your Training Site Supervisor's permission and instructions. Follow all safety procedures recommended by your Training Site Supervisor and avoid carelessness at all times.

Workers Compensation

Our insurance coverage will pay for your doctor visit if you are injured on the job, but **NOT** the time you are out of work if you are injured on the job. You are only paid for the hours that you are at your training site.

Remember that it is against the law to say you are hurt when you are not. There are very serious fines and punishments for falsifying an on the job injury claim.

Report all injuries immediately to your Training Site Supervisor and Career Mentor

If you are injured on the job:

1. If it is an emergency, have your Training Site Supervisor immediately take you to the nearest medical facility.
2. If it is not an emergency, report your injury to your Training Site Supervisor and contact your Career Mentor.
3. You will have to sign your written statement regarding how you became injured.
4. Even if it is a small injury and you don't think it is important enough to bother your Training Site Supervisor with, please still inform them.

ACCIDENT / INJURY AUTHORIZATION FORM TO CONSENT TO THE MEDICAL / SURGICAL TREATMENT OF A MINOR

I, the undersigned parent and/or legal guardian of _____, whose date of birth is _____, do hereby authorize medical and/or surgical treatment by a State of California licensed medical doctor (M.D.), and or a State of California licensed hospital and/or a licensed hospital emergency room and/or a private practice office operated by a State of California licensed medical doctor (M.D.), duly certified and licensed and/or their representatives as agent(s) for the undersigned to consent to any X-ray, laboratory, anesthetics, medical or surgical diagnosis, or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of a licensed medical doctor (M.D.) as per the provisions of the Medical Practice Act and who is on the staff of the accredited hospital, whether such diagnosis or treatment is rendered at the office of the treating physician or at any accredited hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority, consent, and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of his medical and surgical judgment may deem advisable pursuant to the provisions of §25.8 of the Civil Code of California.

In addition, you are authorized to release and/or to receive any and all medical records and/or related medical information pertaining to and/or aiding in the treatment rendered the minor named above with regard to the minor/minor's industrial accident/injury.

.....
Family Doctor: _____ Phone #: _____

Parent/Legal Guardian's Signature: _____ Date: _____

Signature of Witness: _____

18 years old. Emergency Notification for Information Only.

IN CASE OF EMERGENCY, PLEASE NOTIFY:

Name: _____ Relationship: _____

Complete Address: _____

Telephone #: _____ Email Address: _____

Please list personal physical information that hospital or physician should be aware of in case of illness or injury (i.e., diabetic, drug reactions, heart condition, drugs/medications currently taking, allergies, etc.).

Timesheet Completion Procedure

- ❖ Your name, your Mentor's name, and your phone # must be filled in on each timesheet.
- ❖ Your timesheet must be filled in daily.
- ❖ If you work more than 6 hours, you **must take a ½ hour lunch break**.
- ❖ **No one is to work over an 8 hour period in any one day.** CA law does not allow more than 8 hours a day without overtime pay. Career Institute does not pay for overtime.
- ❖ It is your responsibility to calculate your hours. Double-check for accuracy.
- ❖ **You and your employer must both** sign and date the timesheet.
- ❖ Submit your timesheet by fax to the Career Institute by the due date. If your timesheet is late, Career Institute will add the hours to the next payroll period.

2011 Payroll Schedule

Payroll Dates	Time Sheet Due	Payday
January 3 – January 14	January 14	January 21
January 15 – January 28	January 28	February 4
January 29 – February 11	February 11	February 18
February 12 – February 25	February 25	March 4
February 26 – March 11	March 11	March 18
March 12 – March 25	March 25	April 1
March 26 – April 8	April 8	April 15
April 9 – April 22	April 22	April 29
April 23 – May 6	May 6	May 13
May 7 – May 20	May 20	May 27
May 21 – June 3	June 3	June 10
June 4 – June 17	June 17	June 24
June 18 – July 1	July 1	July 8
July 2 – July 15	July 15	July 22
July 16 – July 29	July 29	August 5
July 30 – August 12	August 12	August 19
August 13 – August 26	August 26	September 2
August 27 – September 9	September 9	September 16
September 10 – September 23	September 23	September 30
September 24 – October 7	October 7	October 14
October 8 – October 21	October 21	October 28
October 22 – November 4	November 4	November 11
November 5 – November 18	November 18	November 25
November 19 - December 2	December 2	December 9
All Career Institute Offices are Closed From December 16 – January 2		

Worksite Monitoring

Participant: _____ Mentor: _____

Worksite: _____

Supervisor: _____ Date: _____

	Rating Superior - 5 Very Good - 4 Satisfactory - 3 Needs Improvement - 2 Unsatisfactory - 1	Comments	Signature 1. Career Mentor 2. Supervisor 3. Participant
ON THE JOB			
Attendance – Reports to work on time			
Attendance - Returns from breaks on time			
Work Permit - if under 18			
Work Site Agreement			
EMPLOYABILITY FACTORS			
Works well with other			
Respects the rights of others			
Demonstrates good grooming and hygiene Habits			
Dresses appropriately for the job			
Maintains a positive attitude			
Shows initiative			
WORK HABITS			
Follows Direction			
Works Independently			
Quality of work			
Accepts guidance or correction			
Completes task in a timely manner			
Follow the rules and regulations			

Form I-9, Employment Eligibility Verification

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification (To be completed and signed by employee at the time employment begins.)

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) _____
- An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year)

Employee's Signature _____ Date (month/day/year) _____

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

Section 2. Employer Review and Verification (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)

List A	OR	List B	AND	List C
Document title: _____	OR	DL OR ID CARD	AND	SS Card
Issuing authority: _____		CA DMV		SSA
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____				
Expiration Date (if any): _____				

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
		CI Associate
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)
Career Institute 10722 Arrowst Ste 808 CA 91730		

Section 3. Updating and Reverification (To be completed and signed by employer.)

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)	
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.		
Document Title: _____	Document #: _____	Expiration Date (if any): _____

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Date (month/day/year)

Form W-4 (2011)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2011 expires February 16, 2012. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends).

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using

Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2011. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	<u> </u>
B	Enter "1" if: { <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	B	<u> </u>
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	<u> </u>
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	<u> </u>
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	<u> </u>
F	Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F	<u> </u>
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have six or more eligible children 	G	<u> </u>
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶ H For accuracy, complete all worksheets that apply. { <ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. 	H	<u> </u>

----- Cut here and give Form W-4 to your employer. Keep the top part for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 <div style="font-size: 2em; font-weight: bold; text-align: center;">2011</div>
1 Type or print your first name and middle initial. Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	5 <u> </u>	6 Additional amount, if any, you want withheld from each paycheck
6 <u> </u>	6 \$ <u> </u>	7 I claim exemption from withholding for 2011, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶ 7 <u> </u>
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)
10 Employer identification number (EIN)		