

# SECTION 3 CONTRACTOR INTENT TO EMPLOY OPTION FORM

## Section 3 Contractor/Employer Information

*Mail or Fax this form to  
Patricia Jones - Section 3 Coordinator  
1919 N. Meridian St., Indpls, IN 46202  
Telephone: 261-7362 FAX (261-7387)*

### CONTRACTOR/EMPLOYER INFORMATION

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Address City State Zip

\_\_\_\_\_  
Telephone Number Fax Number Internet address

### JOB INFORMATION

Job title \_\_\_\_\_ Number of openings \_\_\_\_\_

Job Duration: Full time or Part time \_\_\_\_\_ 150 days \_\_\_\_\_ over 150 days

Shift: 1, 2, 3, Rotating, Split

Work Days: Sun, Mon, Tues, Wed, Thurs, Fri, Sat,

(Circle all that apply)

Work Hours: Fm \_\_\_\_\_ to \_\_\_\_\_ Age: \_\_\_\_\_ Typing Speed \_\_\_\_\_  
AM/PM AM/PM Hours \_\_\_\_\_ Per \_\_\_\_\_

Driver's License Required? Yes/ No Type? Reg\_\_\_\_: Chauff:\_\_\_\_: CDL A B C

Endorsements \_\_\_\_\_ Need Help Finding Residents: Yes \_\_\_ No \_\_\_

Job Details (include essential job duties/functions and any machinery operated/tools used) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Yrs. Experience \_\_\_\_\_ Read / Desired

Level of education \_\_\_\_\_ Required/Desired

Salary Range: Min \_\_\_\_\_ Max \_\_\_\_\_ Per: Hour/Day/Week/Month/Year

Benefit: (Check all that apply)

_____ 401-K	_____ Life Insurance	_____ Sick/Disability Leave
_____ Bonuses	_____ Major Medical	_____ Uniform Furnished
_____ Clothing	_____ Mileage Reimbursement	_____ Vacation Leave
_____ Dental Ins.	_____ Prescription Coverage	_____ Vehicle Furnished
_____ Education	_____ Retirement Plan	_____ Vision Plan

Pay Benefit Details: \_\_\_\_\_

Form Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

# **SECTION 3 OPTION TO CONTRIBUTE MONEY TO TRAINING FUND**

**Contractor Name:**

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**Contractor Address:** \_\_\_\_\_

**Contractor**

**Telephone:** \_\_\_\_\_

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Amount of Awarded Contract:

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Amount of Contribution to Training Fund:

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Date of Submission of Money to Section 3:

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Contact Person:

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Telephone No:

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Special Instruction or Other Inform

Please send all training fund money to:  
(Send check or Money Order)

**Indianapolis Housing Agency**

***For: Section 3 Training Fund***

***1919 N. Meridian St.***

***Indianapolis, IN 46202-1303***

***Attention: Accounting Department***

# SECTION 3 CONTRACTOR PLACEMENT REPORT

## Initial Employee Placement Report

(Contractor or Section 3 staff completes when Section 3 person is hired)

Mail or Fax this form to:  
Patricia Jones - Section 3 Coordinator  
1919 N. Meridian St., Indpls, IN 46202  
Telephone: 261-7362 FAX (261-7387)

SECTION 3 EMPLOYER NAME: \_\_\_\_\_

EMPLOYER

ADDRESS: \_\_\_\_\_

EMPLOYEE: \_\_\_\_\_ SSN#: \_\_\_\_\_

START DATE OF PLACEMENT: \_\_\_\_\_ REPORT DATE: \_\_\_\_\_ PLACEMENT END DATE: \_\_\_\_\_

### Sect. 1: CURRENT EMPLOYMENT STATUS: PLEASE CHECK APPROPRIATE BOXES

<i>Job Title</i>	<i>Hourly Wage</i>	
<i>Place of Employment</i>	<i>Address</i>	<i>Telephone No</i>

### Sect. 2: BENEFIT INFORMATION CHECK ALL THAT APPLY

401 K <input type="checkbox"/>	Life Insurance <input type="checkbox"/>
Vacation Leave <input type="checkbox"/>	Uniform Furnished <input type="checkbox"/>
Sick /Disability Leave <input type="checkbox"/>	Other <input type="checkbox"/>

### CONTACT PERSON OR SUPERVISOR FOR ABOVE EMPLOYEE:

NAME	ADDRESS	TELEPHONE NO
_____	_____	_____
Employer	Representative:	DATE
_____	_____	_____

### COMMENTS:

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# SECTION 3 CONTRACTOR PLACEMENT REPORT

## Employee Progress Report

*(Contractor completes 30 days after initial placement)*

**SECTION 3 CONTRACTOR:** \_\_\_\_\_

**EMPLOYEE:** \_\_\_\_\_ **SSN#:** \_\_\_\_\_

**START DATE OF TRAINING:** \_\_\_\_\_ **REPORT DATE:** \_\_\_\_\_ **TRAINING END DATE:** \_\_\_\_\_

**Sect. 1: CURRENT EMPLOYMENT STATUS; PLEASE CHECK APPROPRIATE BOXES**

<b>Still Employed</b> <input type="checkbox"/> <i>(Please Complete Sect. 3 &amp; 4)</i>		<b>No Longer Employed</b> <input type="checkbox"/> <i>(Please Complete Sect. 2)</i>	
Fired <input type="checkbox"/>	Laid Off <input type="checkbox"/>	Quit <input type="checkbox"/>	Sick Leave <input type="checkbox"/>

**Sect. 2: IF NO LONGER EMPLOYED, PLEASE CHECK ANY DEFICIENT BEHAVIORS (ONE OR MORE)**

Poor Work Habits <input type="checkbox"/>	Attitude Problems <input type="checkbox"/>
Attendance <input type="checkbox"/>	Appearance <input type="checkbox"/>
Performance <input type="checkbox"/>	Other <input type="checkbox"/> _____

**Sect. 3: IF STILL EMPLOYED, PLEASE RATE THE EMPLOYEE ON THE FACTORS LISTED BELOW  
(1=POOR >> 5=EXCELLENT) A RATING OF 2 OR LESS REQUIRES PERFORMANCE IMPROVEMENT PLAN**

	1. POOR		3. AVERAGE		5. EXCELLENT
Work Habits	1.	2.	3.	4.	5.
Attitude	1.	2.	3.	4.	5.
Attendance	1.	2.	3.	4.	5.
Performance	1.	2.	3.	4.	5.
Appearance	1.	2.	3.	4.	5.

**Sect. 4: PERFORMANCE IMPROVEMENT PLAN (FOR FACTORS RATED POOR OR BELOW AVERAGE)**

**FACTOR/ISSUE:**

**STEPS NEEDED TO IMPROVE:**

**TIMETABLE FOR CORRECTION:**

\_\_\_\_\_  
**EMPLOYER TRAINEE INDIANA FAIR CHANCE REP**

\_\_\_\_\_  
**DATE**

# Section 3 Employer-Based Training for Individual Residents

## Job Specific

**Mail or Fax this form to:**

*Patricia Jones - Section 3 Coordinator  
1919 N. Meridian St., Indpls, IN 46202  
Telephone: 261-7362 FAX (261-7387)*

Client Name \_\_\_\_\_ Address \_\_\_\_\_

Position Analyzed \_\_\_\_\_ Employer \_\_\_\_\_ Tel \_\_\_\_\_

**CLIENT'S TRANSFERABLE EXPERIENCE / EDUCATION SPECIFICALLY TRANSFERABLE TO THE ANALYZED SKILLS OF THIS OJT**

TRANSFERABLE EXPERIENCE / EDUCATION CODE	LEVEL OF TRANSFERABLE EXPERIENCE / EDUCATION	APPROXIMATE TRAINING HRS. NEEDED
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>Extensive</b> experience doing the particular task/skill	<b>None</b> Needed
<input type="checkbox"/> <input type="checkbox"/>	Some <b>significant</b> transferable experience or formal education with the particular skill	<b>Up to 1/3</b> of Max. Hrs.
<input type="checkbox"/>	<b>Some</b> exposure to comparable experience or formal education with the particular skill	<b>Up to 2/3</b> of Max. Hrs.
<b>0</b>	<b>Little/No</b> exposure or experience with particular skill	<b>Up to 100%</b> of Max. Hrs.

TASK / SKILL DESCRIPTION	TRAINING MAXIMUM HRS.	TRANSFERABLE EXPERIENCE / EDUCATION CODE	TRAINING HRS. NEEDED	TRAINING HRS. TO BE PROVIDED FOR THIS CONTRACT
1.				
2.				
3.				
4.				
5.				
6.				
<b>TOTALS</b>				

# SECTION 3 TRAINING OPTION FOR GROUP OF RESIDENTS

## Section 3 Employer-Based Training

*Mail or Fax this form to:  
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 1919 N. Meridian St., Indpls, IN 46202  
 Telephone: 261-7362 FAX (261-7387)*

Employer \_\_\_\_\_

Address \_\_\_\_\_ Tel \_\_\_\_\_

Training Topic \_\_\_\_\_

When and Where Training Will Take Place

\_\_\_\_\_

**Job Leads for Residents (2 Leads)**

*(Provide job leads from your company or other company, company name address and telephone,)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Training Methods**

- A. Demonstration/Observation
- B. Hands-On
- C. Practice
- D. Written Instructions/Manuals
- E. Audio/Visual
- F. Verbal Instructions

DESCRIBE TRAINING	TRAINING MAXIMUM HRS.	TRAINING METHOD
<b>TOTAL</b>		