



Dear Employer:

Thank you for your interest in the *Texas Back to Work* (TBTW) initiative. This initiative is designed to help put Texans back to work. Businesses, large and small, can earn TBTW incentives to expand their operations and provide new opportunities for unemployed Texans.

Workforce Solutions Greater Dallas is pleased to be able to offer Dallas County employers a \$2,000 wage subsidy for hiring and retaining an eligible Unemployment Insurance (UI) recipient for at least one hundred and twenty (120) days. The retention wage subsidy is intended to help employers defray part of the costs of wages and on-the-job training.

In this packet you will find the following documents:

- TBTW Agreement
- W-9
- New Vendor Form
- Job Posting Form

After you have read over this information, return the agreement, W-9, New Vendor and Job Posting forms. If you have any questions feel free to contact our Business Relations Representatives by calling 214.302.5555 or emailing tbtw@wfsdallas.com.

Again, thank you for your interest in the *Texas Back to Work* initiative. Together we can put Texans back to work!

Sincerely,

Lynn Hoffman
Business Relations Director
Workforce Solutions Greater Dallas

Texas Back to Work Initiative – Dallas County

Employer Agreement

The Texas Back to Work (TBTW) Initiative supports employers who hire and retain eligible individuals in full-time employment by reimbursing a portion of wages paid in order to offset the costs associated with training and developing the employee into the employer's regular workforce.

This agreement explains the Texas Back to Work Initiative, the benefits to the employer, and your rights as a participating employer. This agreement is hereby entered into between the Texas Back to Work employer, _____ hereafter known as the Employer, and Workforce Solutions Greater Dallas via its contractor, ResCare Workforce Services, hereafter known as **WFS Dallas**. **This agreement must be executed no later than 30 days after hiring an eligible TBTW candidate.** Questions regarding this program should be directed to WFS Dallas at (214) 302-5555.

Upon completing the program and satisfying the requirements described herein, the Employer will be eligible to receive a wage and training subsidy based on the total amount of time the qualified individual remained actively employed. The total amount the Employer is eligible for per qualified individual is \$2,000, although should the employee be terminated prior to reaching the 120 day benchmark, the Employer may be eligible to receive the amount that corresponds to the benchmark that was completed (30, 60, or 90 days, defined as consecutive 24 hour periods based on the calendar). The retention periods and corresponding total subsidy amounts are as follows:

- o 30 to 59 days - \$800
- o 60 to 89 days - \$1,400
- o 90 to 119 days - \$1,800
- o 120 days and beyond - \$2,000

EMPLOYER AGREES:

Program Participation:

1. To comply with all requirements of the provisions of Texas laws for the Texas Back to Work Initiative;
2. To comply with WFS Dallas requirements in regard to providing payroll registers, employment verification, and other documentation as requested for the purpose of processing payment
3. To permit TWC or WFS Dallas to audit and verify the claims made by the Employer;
4. To the extent permitted by the Texas Constitution and the Texas Tort Claims Act, to indemnify, defend, and hold harmless the State of Texas, TWC, Workforce Solutions Greater Dallas and its officers, agents, contractors and employees from all claims, lawsuits, and actions of whatever nature brought against those parties which arise from the Employer's performance or omissions under this agreement;
5. To utilize the *WorkInTexas.com* online job matching system for initial job posting and qualified candidate matching based on knowledge and skills, or other criteria established by the Employer.

General Employer Responsibilities:

1. To maintain health, safety, and working conditions at or above levels generally acceptable in the industry and no less than comparable jobs of the Employer;
2. To not deny employment, exclude from benefits, or allow any participant to suffer because of race, color, religion, sex, national origin, age, temporary medical condition, mental disability, physical handicap, or political affiliation or belief;
3. To not create a position that will infringe on any of the promotional opportunities of currently employed individuals;
4. That said company is not involved in a strike, lockout, or labor dispute;
5. To submit an invoice and payroll documentation for each TBTW employee that includes either a payroll register, check proofs or check stubs which shows the employer name, employer EIN, employee name, hourly rate of pay, hours worked, hours paid, and the period of payment;
6. To pay all TBTW employees at least the hourly rate of the Texas minimum wage, and not pay a wage that is substantially less than the wage paid for similar jobs in the local economy, with appropriate adjustments for experience and training;
7. To ensure that the position is for regular employment, not seasonal or temporary with a definite release date;
8. To withhold and pay, in accordance with state and federal law, all required deductions for state and federal income tax, Social Security tax and unemployment insurance tax, from participant wages;
9. To consent to the taking and publication of photographs and videos of Texas Back to Work Initiative employee at the worksite by a duly authorized representative of WFS Dallas, subject to Employer's policies and procedures governing visitors to the site and confidentiality;
10. To maintain fiscal and other Employer records pertinent to this agreement. The Employer shall provide TWC and WFS Dallas access to such records. All such records shall be retained and kept accessible for three years following final payments and conclusions of all pending matters;
11. To maintain all records of the participant as confidential, as required under federal and state law.

Employer Responsibilities to TBTW Employees:

1. To consider TBTW employees as regular employees of the Employer who shall be entitled to benefits required by state or federal law or company policy;
2. To provide a job description to the TBTW Employee upon offer of work and ensure that individual is employed in said job;
3. To provide TBTW employee with a regular work schedule of no less than 30 hours per week;
4. To restrict TBTW employees from political or sectarian activities during work hours.

Termination of Placement:

1. To notify WFS Dallas prior to or immediately upon termination of employment.
2. Either the Employer or the employee may terminate employment per applicable state or federal law.
3. Termination of employment prior to reaching the 120 retention period will result in payment of a wage and training subsidy based on the benchmark that was reached most recently.

WFS Dallas agrees to assist the Employer in the recruiting, screening and hiring process when desired by the Employer. WFS Dallas will also follow up with the Employer to monitor the employment relationship as well as request payment on behalf of the Employer once all required documentation is submitted and all requirements are considered to be satisfied at the end of the 120 day retention period or the termination of an employee, whichever comes sooner. WFS Dallas agrees to submit to the Employer a check in the appropriate amount based on benchmarks reached by each eligible employee identified herein (not to exceed \$2,000 per employee) as stipulated in this agreement in a timely manner. In the event WFS Dallas identifies any violation of the agreement or applicable local, state or federal law, an investigation may be conducted and this agreement will be terminated.

On behalf of the Employer, I certify that I am an authorized representative and have read this agreement and understand the conditions of the Texas Back to Work Initiative. I hereby attest on behalf of the Employer that the Employer does currently and will continue to adhere to applicable conditions of the Texas Workforce Commission rules and regulations, the Texas Labor Code, the Texas Unemployment Compensation Act, the federal Fair Labor Standards Act, and any other applicable state or federal regulation. On behalf of the Employer, I certify that all responsibilities of the Employer will be upheld.

Agreed By:

Employer Representative (Print)

Employer Representative (Signature) Date

WFS Dallas Representative (Print)

WFS Dallas Representative (Signature) Date

TBTW Employer Information

| | | | | |
|-----------------|---------------|----------------|----------|--------------------|
| Employer Name | Federal EIN # | State UI Tax # | Fax # | Worksite Phone # |
| Mailing Address | | City/State | Zip Code | Authorized Contact |
| Email: | | | | |

For assistance or additional information contact a Business Relations Representative at 214-302-5555 or email tbtw@wfsdallas.com. Mail Original Agreement to: Workforce Solutions Greater Dallas, 2707 N. Stemmons Freeway, Suite 140, Dallas, TX 75207. This agreement is valid upon hire of TBTW candidates identified in Attachment A.

Work Opportunity Tax Credit (WOTC): The hiring of this participant also MAY allow the employer to receive a federal tax credit under the WOTC program. Employers must complete and submit the request for certification to the Texas Workforce Commission (TWC) within 28 days of the participant's first day of work. Request for certification does not guarantee approval. Contact the TWC WOTC Unit at 1-800-695-6879 for additional information.

New Vendor Form

ACCOUNTS PAYABLE NEW / CHANGE SUPPLIER FORM

Please type or print - All new suppliers require the approval of the Operation Executive Director or Center Director

*****FOR RESOURCE CENTER OFFICE USE ONLY*****

| | | |
|---|--|---|
| Supplier Number (assigned in Oracle) | | |
| 1099 Supplier Type (Check One) | <input type="checkbox"/> 1099 VENDOR <input type="checkbox"/> NON 1099 VENDOR <input type="checkbox"/> EMPLOYEE | |
| Operation Accounts Payable - Complete All Fields Below | | |
| ResCare Operation Name | ResCARE WORKFORCE SERVICES | |
| Supplier Name (Check Payable to) | | |
| Supplier Address Line 1 | | |
| Supplier Address Line 2 | | |
| City & State | | |
| Zip Code | | |
| Inactivate Old Address (Y or N) | | |
| Telephone Number | | |
| Fax Number | | |
| Supplier Payment Terms (Check One) | <input type="checkbox"/> Client Payroll / Allowance <input checked="" type="checkbox"/> Consultants / Contractors <input type="checkbox"/> Direct Care Providers <input type="checkbox"/> Dues / Seminars <input type="checkbox"/> Employees / Students <input type="checkbox"/> Default (Net 35) | <input type="checkbox"/> Petty Cash & Accts Rec <input type="checkbox"/> Postage <input type="checkbox"/> Rent / Lease <input type="checkbox"/> Taxes <input type="checkbox"/> Utilities / Communications |
| See payment terms & details below | | |
| Foster Care Providers | <input type="checkbox"/> Check here if supplier is a qualified foster care provider | |
| Organization Type (Check One) | <input type="checkbox"/> INDIVIDUAL <input checked="" type="checkbox"/> CORPORATION | <input type="checkbox"/> PARTNERSHIP |
| Federal ID# (for Corp or Partnership) | | |
| SSN # (Individual, Sole Proprietor) | | |
| Product/Service Provided by Vendor | | |
| Requested By | Harold Womble | |
| Executive/Center Director Approval | | |
| Approval Date | | |
| Job Corps Centers Only | BUSINESS CLASSIFICATION | |
| <u>Please check all classifications that pertain to the vendor.</u> | <input type="checkbox"/> SMALL BUSINESS (1) | <input type="checkbox"/> WOMEN-OWNED (7) |
| | <input type="checkbox"/> LARGE BUSINESS (2) | <input type="checkbox"/> SMALL-DISADVANTAGED (8) |
| | <input type="checkbox"/> GOVERNMENT (3) | <input type="checkbox"/> VETERAN-OWNED (9) |
| | <input type="checkbox"/> HUBZONE (4) | <input type="checkbox"/> DISABLED VETERAN-OWNED (10) |
| | <input type="checkbox"/> HIST BLACK COLLEGE/UNIV (5) | <input type="checkbox"/> ALASKA NATIVE BUSINESS (11) |
| | <input type="checkbox"/> OTHER (6) | |

VENDOR PAYMENT TERM CATEGORIES

Client Payroll / Allowance (Net 0) - for consumers wage payments and consumer allowances. Includes residential living allowances and standard weekly allowances
 Consultants / Contractors (Net 30) - for professional service consultants (nursing, doctors, speech therapy, behavioral consultants, etc) and contractors (maintenance and repair)
 Direct Care Providers (Net 0) - for direct care contractors (respite, stipends, home based, etc)
 Dues / Seminars (Net 7) - for membership dues and seminar registrations (Skill Path, INARF, etc)
 Employees / Students (Net 7) - all employee travel and expense reimbursements and youth service division student payments
 Petty Cash & Accts Rec (Net 0) - for petty cash reimbursements and payments coded to accounts receivable accounts
 Postage (Net 7) - for postage and overnight payments (Pitney Bowes, US Postmaster, UPS, etc)
 Rent / Lease (Net 0) - for rent and lease payments (property leases, equipment rental, etc)
 Taxes (Net 0) - for all tax payments (property, real estate) excluding payroll taxes
 Utilities / Communications (Net 0) - for all utility suppliers (electric, gas, water/sewer, cable, phone)
 Default (Net 35) - remaining vendors not in categories above. Includes supplies, groceries, legal fees, and labor/employment agencies

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

| | | | | | | |
|---|--|--|--|---|--|--------------|
| Print or type See Specific Instructions on page 2. | Name (as shown on your income tax return) | | | | | |
| | Business name/disregarded entity name, if different from above | | | | | |
| | Check appropriate box for federal tax classification (required): Individual/sole proprietor C Corporation S Corporation Partnership Trust/estate Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Other (see instructions) ▶ _____ | | | | | Exempt payee |
| | Address (number, street, and apt. or suite no.) | | | Requester's name and address (optional) | | |
| | City, state, and ZIP code | | | | | |
| List account number(s) here (optional) | | | | | | |

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3.
Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

| Social security number | | | | | | | | |
|------------------------|--|--|--|---|--|--|--|--|
| | | | | - | | | | |

| Employer identification number | | | | | | | | |
|--------------------------------|--|--|--|---|--|--|--|--|
| | | | | - | | | | |

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

| | | |
|------------------|-----------------------------------|---------------|
| Sign Here | Signature of U.S. person ▶ | Date ▶ |
|------------------|-----------------------------------|---------------|

General Instructions
 Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form
 A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your

TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

www.WorkInTexas.com Job Posting

| | | | |
|--|------------|--|---------------------------|
| Employer Name (<input type="checkbox"/> Do not show employer name to job seeker.) | | TWC Tax ID | |
| Job Site Address | | FEIN | |
| City | | Employer ID | |
| State | Zip | Employer Posting Number | |
| Job Title | | Closing Date | Number of Openings |
| Minimum Pay | | <input type="checkbox"/> Do not show pay to job seeker <input type="checkbox"/> Match on Veterans only | |
| \$ _____ per: <input type="checkbox"/> Hour <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year | | | |
| Maximum Pay | | | |
| \$ _____ per: <input type="checkbox"/> Hour <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year | | | |
| Workweek | | | |
| <input type="checkbox"/> Full Time (30 hours or more per week) <input type="checkbox"/> Part Time (Up to 29 hours per week) | | | |
| Shift | | Duration | |
| <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights <input type="checkbox"/> Weekends Only <input type="checkbox"/> Varied | | <input type="checkbox"/> Regular Hire <input type="checkbox"/> Temp to Hire <input type="checkbox"/> Temporary | |
| Supervisory Experience Required? <input type="checkbox"/> Yes <input type="checkbox"/> No | | TBTW? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Primary Language (if required) | | Secondary Language (if required) | |
| Occupation | | Occupational License/Certification | |
| Minimum Education | | Minimum Experience | |
| | | Years _____ Months _____ | |
| Additional Information on Education | | | |
| Job Description | | | |
| Background requirements: | | | |

| Who to Contact | | Contact Title |
|---|--|---------------|
| | | |
| Preferred Contact Method: <input type="checkbox"/> Mail <input type="checkbox"/> Phone <input type="checkbox"/> Other Phone <input type="checkbox"/> E-Mail <input type="checkbox"/> Fax <input type="checkbox"/> Anonymous E-Mail <input type="checkbox"/> In Person | | |
| E-mail Address | | Phone |
| | | |
| Other Phone | Other Phone Type | Fax |
| | <input type="checkbox"/> Work <input type="checkbox"/> Message <input type="checkbox"/> Fax <input type="checkbox"/> Cell <input type="checkbox"/> Pager | |
| Contact Instructions | | |
| | | |

| Pay Details (ie: Salary Plus Commission, Pay by the Job, etc.) |
|--|
| |

| Benefit Details (ie: Health Insurance, Sick Leave, Vacation, etc.) |
|--|
| |

| Workweek Details (ie: Weekends, Holidays, 24-hour Shifts, etc.) |
|---|
| |

| Computer Skills (ie: Word Processing, Software, Personal Computer Work, etc.) |
|---|
| |

| Driver License Class | Endorsements |
|---|--|
| <input type="checkbox"/> C-Standard <input type="checkbox"/> C-Commercial <input type="checkbox"/> B-Commercial <input type="checkbox"/> A-Commercial <input type="checkbox"/> M-Motorcycle | <input type="checkbox"/> T <input type="checkbox"/> P <input type="checkbox"/> H <input type="checkbox"/> N <input type="checkbox"/> X |

| Job Posting Service Level |
|--|
| <input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3 |

| Typing Speed | 10-Key Speed |
|--------------|--------------|
| | |