

**FOODSHARE EMPLOYMENT AND TRAINING (FSET) PROGRAM
 NEW EMPLOYMENT REPORTING**

Instructions for FSET Workers: When an FSET participant reports a new job or information regarding a new job is available through a data exchange, complete this form. Scan the completed form into the FSET participant's electronic case file.

Name – Participant (required)		Social Security Number (last 4 digits) or PIN (required)	
Name – Employer (required)		Type of Business	
Temporary Agency? (required) <input type="checkbox"/> Yes <input type="checkbox"/> No	Work Site (if employed at temporary agency) (required)		
Employer Address			
Start Date (required)	Average Hours Worked per Week (required)	Average Hourly Wage (required)	
Brief Description of Job Duties			
Benefits Received (check all that apply)			
<input type="checkbox"/> None	<input type="checkbox"/> 401K/pension	<input type="checkbox"/> Paid vacation	<input type="checkbox"/> Other – Specify
<input type="checkbox"/> Health insurance	<input type="checkbox"/> Dental insurance	<input type="checkbox"/> Paid sick leave	
How did you find out about this position? (check all that apply)			
<input type="checkbox"/> FSET worker	<input type="checkbox"/> Online	<input type="checkbox"/> Sign at workplace	<input type="checkbox"/> Other – Specify
<input type="checkbox"/> Job fair	<input type="checkbox"/> Referred by family member/friend	<input type="checkbox"/> Newspaper	
SIGNATURE – Participant		OR Collected Via: <input type="checkbox"/> Phone <input type="checkbox"/> Email	Date Signed (required)
FSET Worker's Name and Title (please print)			

USDA Nondiscrimination Statement

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](https://www.ascr.usda.gov/filing-program-discrimination-complaint-usda-customer), (AD-3027) found online at: <https://www.ascr.usda.gov/filing-program-discrimination-complaint-usda-customer>, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
 Office of the Assistant Secretary for Civil Rights
 1400 Independence Avenue, SW
 Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.