

Ocean State Employer Service Network (OSESN) Members' Agreement



The ESN Mission is to:

- Increase employment of our job seekers
- Provide quality recruitment and placement services to employers

All ESN members agree to:

1. adhere to the underlying principles of the OSESN such as customer service, confidentiality, collaboration, and continuous improvement of self and system;
2. attend, actively participate in and sustain the monthly statewide OSESN meeting as the heart of the ESN;
3. participate in the OSESN yahoo group through sharing information;
4. facilitate access for one another to employers, services and job orders;
5. share/post job leads through the OSESN yahoo group, in all cases that the need cannot be filled by their agency
6. expediently follow up employer requests to assure customer satisfaction;
7. represent the OSESN while representing the member's own agency; and
8. share professional development opportunities.

Membership Information:

Multiple representatives from same agency are encouraged.

Each representative must join individually through the online membership process.

To complete your on-line membership registration please do the following complete the online membership form:

<http://sherlockcenter.OSEN.sgizmo.com/s3/>

You will be asked to:

- confirm your agreement to support the OSESN mission and underlying principles as outlined in the above members' agreement.
- provide basic contact information, e-mail address, Agency Mission and Agency Services offered.

Sample of membership information requested:

Registration Type (please check one):*

New Member Renewal Current Member-Change Information

Member Agreement Support Statement:* I have read the OSESN Members' Agreement and agree to support the mission and adhere to the underlying principles as outlined above in numbers 1 through 8 in the Agreement.

Required Information for ON-Line REGISTRATION

Name and Title:

Phone: Fax: e-mail*:

Agency Name: Address: Web-site:

* THIS EMAIL ADDRESS WILL BE INVITED TO JOIN THE YAHOO GROUP
6/1/2012 OSESN On-line Member Agreement

Agency Mission:

OSASN Service Summary Checklist

Demographics (Check those eligible to receive services through your program):

Females Males Adults Youth

Primary Populations Served (Check those that best describe populations eligible for services):

<input type="checkbox"/> Disabled Persons (check all that apply): <input type="checkbox"/> All disabilities <input type="checkbox"/> Behavioral Health Issues <input type="checkbox"/> Blind and Visually Impaired <input type="checkbox"/> Deaf and Hard of Hearing <input type="checkbox"/> Developmentally Disabled <input type="checkbox"/> Learning Disabled <input type="checkbox"/> Traumatic Brain Injured (TBI) <input type="checkbox"/> Physically Disabled <input type="checkbox"/> Other Disability(list): _____ _____	<input type="checkbox"/> Felons/Persons with a Criminal Record <input type="checkbox"/> Students/Secondary Education <input type="checkbox"/> RIWORKS families <input type="checkbox"/> Homeless <input type="checkbox"/> Immigrants/Refugees/Asylees <input type="checkbox"/> Minorities <input type="checkbox"/> Older Workers 55+ <input type="checkbox"/> Substance Abusers <input type="checkbox"/> Veterans <input type="checkbox"/> Ticket to Work Recipients <input type="checkbox"/> Any person seeking employment <input type="checkbox"/> Other population/s (list): _____ _____
<input type="checkbox"/> Persons with Low Income <input type="checkbox"/> Victims of Domestic Abuse	

Job Seekers Services (check all that apply):

<input type="checkbox"/> Job development and placement <input type="checkbox"/> Job retention support <input type="checkbox"/> Vocational evaluation/career assessment <input type="checkbox"/> Supported employment <input type="checkbox"/> Certificate/training Programs(list): _____ _____	<input type="checkbox"/> Workshops <input type="checkbox"/> Interview skills <input type="checkbox"/> Accessing services at NetWORKri <input type="checkbox"/> Job readiness <input type="checkbox"/> Resume development <input type="checkbox"/> Job club <input type="checkbox"/> Other Services (list): _____ _____
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Support Services (check all that apply):

<input type="checkbox"/> Counseling/case management <input type="checkbox"/> Housing/Shelter <input type="checkbox"/> Clothing <input type="checkbox"/> Food <input type="checkbox"/> Childcare <input type="checkbox"/> Literacy services/Adult Education	<input type="checkbox"/> Transportation <input type="checkbox"/> Travel training <input type="checkbox"/> Reimbursements for transport <input type="checkbox"/> Van service <input type="checkbox"/> Other support services(list): _____ _____
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Employer Services (check all that apply):

<input type="checkbox"/> Applicant Referral <input type="checkbox"/> Job Retention Support <input type="checkbox"/> EAP <input type="checkbox"/> Rehabilitation-Workman's Comp <input type="checkbox"/> Job Fair/Recruitment <input type="checkbox"/> Free Job Posting Hiring Incentives referrals may qualify for: <input type="checkbox"/> On the job training <input type="checkbox"/> Work Opportunity Tax Credit Training <input type="checkbox"/> Other incentive: _____ Job Accommodation: <input type="checkbox"/> General Info <input type="checkbox"/> Consultation <input type="checkbox"/> Funding/service	<input type="checkbox"/> Technical Assistance <input type="checkbox"/> Applicant referral <input type="checkbox"/> Hiring practices <input type="checkbox"/> Job restructuring <input type="checkbox"/> Job retention/post employment <input type="checkbox"/> Labor Market Information <input type="checkbox"/> Job Description Development <input type="checkbox"/> Resource and Referral <input type="checkbox"/> Incentives and Tax Credit Information <input type="checkbox"/> Other services(list): _____ _____ <input type="checkbox"/> Skills training (list) _____ _____
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