

ATTENTION SENIORS

Need a Job?
Need More Income?

You may be eligible to enroll in the Senior Community Service Employment Program (SCSEP) if:

- You are age 55 or over
- Your income falls within Department of Labor guidelines
- You are interested in Job Training/ Part Time Employment

SCSEP is a federally subsidized program intended to provide participants with job training which will lead to full or part-time, unsubsidized employment.

Participants work 20 hours per week at training sites within either public or private (non-profit) agencies. Your potential is matched to the job to insure that you receive meaningful training opportunities, and every effort is made to assign participants to jobs within their own community/neighborhoods.

INTERESTED?

Call toll-free (800) 510-2020 to apply
or
Fill out attached form, fold, affix stamp
and mail to:
Riverside County Office on Aging
Attn: SCSEP
6296 Rivercrest Drive Ste K
Riverside CA 92507

ATTENTION EMPLOYERS PUBLIC OR PRIVATE NON- PROFIT:

Do You Need Reliable Workers?

The Riverside County Office on Aging has qualified, older persons available to work for public agencies or private, non-profit [501c(3)] organizations - at no cost to the Host Agency Site!

Participants of this program work 20 hours per week. Host Agency Sites provide supervision and a job training description. The Office on Aging:

- Recruits
- Determines Eligibility
- Matches applicant potential to job or requirements
- Refers qualified applicants to the Host Agency Site for interview and selection

The purpose of our program to assist older workers in transitioning to unsubsidized employment and to foster and promote useful part-time opportunities in community service for persons with low incomes who are 55 years of age or older.

HOW DO I GET INVOLVED?

CALL (800) 510-2020

or

Contact our offices in Riverside (951) 697-4697
or Palm Desert (760) 341-0401 and ask for
THE SENIOR COMMUNITY SERVICE
EMPLOYMENT PROGRAM OR WRITE: USE
ATTACHED FORM.

- Please pass this brochure on to someone who may interest in our program.

TO: SENIOR EMPLOYMENT PROGRAM MANAGER

DATE: _____

I would like to know more about your program. I am a prospective: (Check one):

Host Agency Site

Participant

Please call me at (_____) _____

NAME _____

ADDRESS _____

CITY _____ ZIP _____

Independent Agents

Individual or Group

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Medicare Specialists

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Short Term Insurance

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- Et quidem pulcherrimos cept. Ridebis, et licet rideas.
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Self Employed Rates

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Long Term Care

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Visit our web site at www.company123.com