

Dear Applicant:

We are pleased to learn of your interest in supporting statewide efforts to reduce the illegal sale of tobacco products to persons under the age of 21. For federally and state mandated compliance checks to be successful, decoy participation is essential.

Participation provides valuable experience and an opportunity to support statewide public health efforts to prevent illegal tobacco sales to persons under the age of 21. Applying for employment as a Decoy Participant means you are interested in supporting state public health efforts to prevent illegal tobacco sales to persons under the age of 21. During compliance checks, participants operate under the direct supervision of California Department of Public Health, Office of Youth Tobacco Enforcement (CDPH OYTE) investigators, who are responsible for all operational procedures and participant safety.

California Decoy LLC is an independent recruitment organization that identifies and hires eligible individuals for potential participation in compliance operations conducted by the CDPH OYTE.



CDPH OYTE is responsible for enforcing laws related to the illegal sale of tobacco products to individuals under the age of 21. Under California law, individuals acting as decoys in compliance operations are provided statutory immunity when participating under the direction of CDPH OYTE investigators.

Participants may be invited by CDPH OYTE investigators to participate in controlled compliance checks. CDPH OYTE investigators exclusively determine which participants will be scheduled for operations. All operational supervision, training, scheduling, transportation, and enforcement activities are conducted solely by CDPH OYTE personnel. If a sale is made to a decoy, CDPH OYTE has the authority to take enforcement action against the retailer. In such cases, the OYTE investigator will notify the storeowner of the illegal sale at a later time. Decoys are not present during notification actions. Participants must follow all instructions provided by supervising investigators and may not deviate from assigned roles during operations.

California Decoy LLC operates independently as a recruitment and administrative support organization and does not conduct law enforcement or regulatory enforcement activities. California Decoy LLC is responsible for recruitment, onboarding, employment administration, and policy compliance for participants. Operational supervision during compliance checks is conducted exclusively by CDPH OYTE investigators. Because compliance checks may result in administrative or legal proceedings conducted by CDPH OYTE, participants may be asked to remain available for up to five years following their last compliance check to provide a narrative report, declaration, or testimony if required.

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Employment Status:

Individuals selected to participate as decoys through California Decoy LLC are hired as hourly, non-exempt employees. Employees must accurately record all time worked, including travel, waiting time, and compliance activities. Participation in compliance operations is subject to Company policies, timekeeping requirements, and applicable employment laws.

Program Benefits:

- Receive a FREE \$50 gift card after completion of enrollment
- Reimbursement for California Identification Card or Driver's License up to \$40
- Letter of Recommendation from California Decoy LLC
- During a scheduled compliance operation, decoys may visit approximately 15–20 retail locations
- Decoy Participants are compensated on an hourly basis for all time worked, including travel, briefings, and compliance activities. Hourly rates and compensation details will be provided during onboarding.

Steps to Apply:

1. Complete forms within this packet and return to us for consideration:

2. Obtain a valid California ID or Driver's License (if eligible).
 - If you have an ID, please attach a copy of it or a Department of Motor Vehicle (DMV) receipt and we will reimburse you up to a \$40 value

 - If you do not have an ID:
 - Visit your local DMV to obtain one.
 - We highly recommend that you schedule an appointment online at www.dmv.ca.gov
 - When you visit the DMV, they will ask to see your ORIGINAL birth certificate to apply. There is a \$40 fee at the DMV, but we will reimburse you if you provide proof of ID (receipt or copy of ID). A list of DMV offices is enclosed.

Once we receive your application and proof of identification, California Decoy LLC will schedule a brief video interview as part of the enrollment process. After the interview is completed, your application will be considered complete.

California Decoy LLC does not schedule compliance operations. All scheduling decisions are made solely by investigators from the CDPH OYTE. If selected to participate, CDPH OYTE investigators will contact you directly—typically two to three weeks in advance—to arrange a compliance operation and will make reasonable efforts to work around your availability.

If you have any questions, please call our toll-free number 1-855-DECOYCA or email our support team at info@decoyca.org.

Thank you again for your interest. We look forward to hearing from you.

Sincerely,



Emmanuel Torres
Program Director
California Decoy LLC

VIDEO INTERVIEW WAIVER

Consent to participate in a recorded video interview

Interview Guidelines

As part of the California Decoy Program application process, interviews will be conducted virtually via **ZOOM**. To ensure a professional and safe environment, decoy applicants must follow these guidelines:

- Interviews must be conducted in a **job-appropriate setting** (such as a home office, living room, dining area, or coffee shop).
- Because this is a **professional interview**, we **highly encourage parental presence** during the session.
- The interview **will be recorded** for documentation and program purposes.
- If the setting is deemed inappropriate, the interview will be **terminated and rescheduled**.

Consent to Recording

By signing below, I acknowledge and agree that:

- My video interview will be recorded and stored by the California Decoy Program.
- The recording may be used strictly for **program documentation, training, and administrative purposes**.
- I may request to withdraw from the process at any time before the recording begins.

Release of Liability

I release the California Decoy Program, its staff, and representatives from any claims or liabilities related to the recording, storage, or use of this interview for official program purposes.

Participant Information

Applicant Full Name: _____ Date: _____

Signature of Decoy: _____

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____

Decoy Participant Employment Application

Name: _____ Date of Birth: (/ /)

Female Male Nonbinary Preferred Pronoun: _____ Current Age: _____ Height: _____

Home Phone: () _____ Cell Phone: () _____

Email Address: _____

Mailing Address: _____ City: _____ Zip: _____

Ethnicity: Hispanic / Latino White (Non - Hispanic) African American Asian / Pacific Islander
 Native American Other, specify: _____

If you regularly stay at another address, you may be eligible to work in other cities and counties.

Address: _____ City: _____ Zip: _____

Emergency contact information:

Name: _____ Phone: () _____ - _____ Relationship: _____

Name: _____ Phone: () _____ - _____ Relationship: _____

School Information (If Currently Enrolled):

Name of School: _____

School Address: _____ Cross Street: _____

What time do you get out of school? _____

What time are you done with after-school activities? _____

School- System: 2-semester calendar (summers off) Track System Home Schooled

If attending a track system school, which months are you off track? _____

1. Do you have a valid California (CA) ID Card or Driver's License? Yes (answer A) No (read B)

A. If Yes: What is your ID number (located at top of ID)?

California ID: _____ OR Driver's License: _____

Please attach a copy of your California ID with this application

2. Do you use tobacco products? Yes No

3. Have you participated in anti-tobacco programs? Yes No

4. Have you ever been suspended from School? Yes No

If your answer to question #4 is yes, please explain your suspension and include dates.

5. Have you had any interactions with law enforcement? Yes No

If your answer to question #5 is yes, please explain and include dates.

6. Are you legally authorized to work in the United States: Yes No

7. Are you currently employed Yes No

8. List your previous employment and/or community and school activities (include part-time work, volunteer work, clubs, etc.)

• Position held: _____

Company/school/organization: _____

Dates of involvement or employment: _____

• Position held: _____

Company/school/organization: _____

Dates of involvement or employment: _____

9. What times and days are best to reach you? _____

10. How did you hear about us? _____

11. What is your preferred method of communication? Call Text E-mail

IMPORTANT NOTICE TO DECOY:

All enrolled decoys must be available for up to five years from the date of the decoy's last compliance check to provide a narrative report, declaration, and/or give oral testimony in a hearing should one of their compliance checks go to court or administrative hearing

DISCLAIMER

Employees participating in compliance operations may be required to adjust appearance, including covering tattoos, removing piercings, or modifying attire, as directed by supervising investigators to meet operational requirements. Supervising investigators may modify or terminate an assignment at any time for safety or operational reasons.

I have read the above disclaimer and agree to remove piercings, cover visible tattoos, shave facial hair, remove excessive make-up, and/or change inappropriate clothing if determined necessary by the OYTE Investigator(s).

I hereby certify that, to the best of my knowledge, the above information is true.

Signature of Decoy

Date

Decoys 18 Years of Age and Older

Consent to Participate in Surveillance Activities and Waiver of Liability and Hold Harmless Agreement:

I hereby give my consent to participate in tobacco purchase surveillance operations that may require the purchase of tobacco products from retail businesses with the California Department of Public Health (CDPH) – Office of Youth Tobacco Enforcement (OYTE). I understand that a peace officer with CDPH-OYTE will collect the tobacco product from me as soon as I leave the retail site and it is safe to do so. I certify my birth date is _____. I understand that participation in the tobacco purchase surveillance program is voluntary and includes a risk of personal injury. I understand that I am not an employee of the CDPH-OYTE. I understand that in the event of a possible enforcement or judicial action my identity may be revealed, and I consent to reveal my identity. I give my permission to be videotaped, audiotaped and photographed and relinquish any rights to the videotape, audiotape and photographs. I consent to be transported by CDPH-OYTE staff or their designees during surveillance operations. I understand that I may need to give oral testimony or provide written declaration for up to five years from the date of the surveillance activity, and I agree to cooperate with the judicial process.

By signing this form, I agree to indemnify and hold harmless the California Department of Public Health, its officers, agents and employees and any participating schools, agencies, organizations, or volunteers, from any liability if I should become injured while participating in tobacco purchase surveillance operations. I hereby bind other members of my family, my heirs and assigns to this Waiver of Liability and Hold Harmless Agreement.

Printed Name of Decoy

Signature of Decoy

Date

Consent for Medical Treatment:

I hereby give my consent to be treated by a physician, surgeon, or EMT in case of sudden illness or injury while participating in the tobacco purchase surveillance activity. If a personal physician is listed below, every effort will be made to contact the physician, however, the location of the activities and nature of the illness or injury will determine the use of the medical personnel.

Emergency Contact: _____

Phone: _____

Decoy's Physician: _____

Physician's Phone: _____

Insurance Carrier: _____

Policy Number: _____

Printed Name of Decoy

Signature of Decoy

Date

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FOOD AND DRUG ADMINISTRATION

**COMMITMENT TO PROTECT NON-PUBLIC INFORMATION
EMPLOYEE AGREEMENT**

Whereas access to non-public information from the files of the Food and Drug Administration (FDA) is required in the performance of my official duties, under Contract Number 75F40126D00003 between FDA and my employer State of California

I, on this _____ day of _____, 20____ hereby agree that I shall not further release, publish or disclose such information and that I shall protect such information in accordance with the provisions of 21 U.S.C. 331(j), 21 U.S.C. 360j(c), 18 U.S.C. 1905 and other pertinent laws and regulations governing the confidentiality of non-public information.

I understand the provisions of 21 U.S.C. 331(j), 21 U.S.C. 360j(c), 18 U.S.C. 1905 and that I am subject to criminal penalties prescribed by law for any violation(s) thereof.

Signature: _____ Date: _____

Type or Print Name: _____

Witnessed by: _____ Date: _____

Type or Print Name: _____

DESCRIPTION OF INFORMATION RELEASED: