

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.



Recruitment & Compliance Support

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.

Administrative Office
7621 N Del Mar Ave #102
Fresno, CA
www.decoyca.org

Program Director
Emmanuel Torres
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Program Officer
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Julie Yang
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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 LLC, 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: _____

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 Under the Age of 18 Years Old

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

I hereby give my consent for my minor child 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 my child as soon as my child leaves the retail site and it is safe to do so. I certify my child's 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 my child is not an employee of the CDPH-OYTE. I understand that in the event of a possible enforcement or judicial action my child's identity may be revealed, and I consent to reveal my child's identity. I give my permission for my child to be videotaped, audiotaped and photographed and relinquish any rights to the videotape, audiotape and photographs. I give my permission for my child to be transported by CDPH-OYTE staff or their designees during surveillance operations. I understand that my child 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 allow my child 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 my child 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. I confirm that I am legally authorized to give consent for my child.

Printed Name of Parent/ Guardian

Signature of Parent/ Guardian

Date

Printed Name of Decoy

Signature of Decoy

Date

Consent for Medical Treatment:

I hereby give my consent for my child, _____ 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: _____

Minor's Physician: _____

Physician's Phone: _____

Insurance Carrier: _____

Policy Number: _____

Printed Name of Parent/Guardian

Signature of Parent/ Guardian

Date

STATEMENT OF INTENT TO EMPLOY A MINOR AND REQUEST FOR A WORK PERMIT-CERTIFICATE OF AGE

CDE Form B1-1 (Rev. 02-14)

A "STATEMENT OF INTENT TO EMPLOY A MINOR AND REQUEST FOR A WORK PERMIT-CERTIFICATE OF AGE" form (CDE Form B1-1) shall be completed in accordance with California *Education Code* 49162 and 49163 as notification of intent to employ a minor. This form is also a Certificate of Age pursuant to California *Education Code* 49114.

(Print Information)

Minor's Information

_____ Minor's Name (First and Last)	_____ Home Phone	_____ Grade
_____ Home Address	_____ City	_____ Zip Code
_____ Birth Date	_____ Social Security Number	_____ Age
		_____ Student's Signature

School Information

_____ School Name	_____ School Phone
_____ School Address	_____ City
	_____ Zip Code

To be filled in and signed by parent or legal guardian

This minor is being employed at the place of work described with my full knowledge and consent. I hereby certify that to the best of my knowledge and belief, the information herein is correct and true.

_____ Parent's Name (Print First and Last)	_____ Parent's Signature	_____ Date
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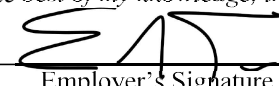
To be filled in and signed by employer

_____ California Decoy LLC	_____ (855) 332-6922	_____ Emmanuel Torres
_____ Business Name or Agency of Placement	_____ Business Phone	_____ Supervisor's Name
_____ 7621 N Del Mar Ave #102	_____ Fresno	_____ 93711
_____ Business Address	_____ City	_____ Zip Code

Employer's Maximum Expected Work Hours: 4 hours per day tbd hours per week

Describe nature of work to be performed: Assist with tobacco compliance checks with state investigators from the California Department of Public Health - Office of Youth Tobacco Enforcement (CDPH-OYTE)

In compliance with California labor laws, this employee is covered by workers' compensation insurance. This business does not discriminate unlawfully on the basis of race, ethnic background, religion, sex, sexual orientation, color, national origin, ancestry, age, physical handicap, or medical condition. I hereby certify that, to the best of my knowledge, the information herein is correct and true.

_____ Emmanuel Torres	_____ 	_____ 04/01/2026
_____ Employer's Name (Print First and Last)	_____ Employer's Signature	_____ Date

For authorized work permit issuer use ONLY															
Maximum number of work hours when school is in session:							Maximum number of work hours when school is not in session:								
Mon	Tues	Wed	Thur	Fri	Sat	Sun	Total	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Total
_____ Proof of Minor's Age (Evidence Type)							Check Permit Type: <input type="checkbox"/> Full-time <input type="checkbox"/> Restricted <input type="checkbox"/> General <input type="checkbox"/> Work Experience Education, Vocational Education, or Personal Attendant <input type="checkbox"/> Workability								
_____ Verifying Authority's Name and Title (Print)															
_____ Verifying Authority's Signature															