

Date: Summer 2013
To: Interested Youth
From: Wylbur Holloway, Youth Services Manager
Subject: Milwaukee Area Workforce Investment Board (MAWIB) and Mayor Barrett's *Earn & Learn Summer Youth Jobs Initiative*

Thank you for your interest in the MAWIB and Mayor Barrett's *Earn & Learn Summer Youth Jobs Initiative*. Below is a list of documentation that is needed when submitting your application. Application forms will be released on April 8, 2013. The deadline for submitting applications is **May 16, 2013 by 4:00 PM**. Only completed applications will be processed on a first-come-first-serve basis. **Submission of a completed application does not designate automatic acceptance into the program. Due to limited funding, all applicants are not guaranteed a position.**

The following documents are required to submit a complete application:

- *Earn & Learn Application Packet*
- Proof of Date of Birth (copy)
-Picture ID preferred (State ID/Driver's License or School ID with date of birth included)
- Social Security Card (copy of front and back)
- Proof of Income (i.e. pay stub, SSI, TANF, Food Stamps, most recent tax return, etc.)
-Parent/Guardian must supply proof of household income for applicants under the age of 18 and dependents over the age of 18
- Proof of Address (i.e. State ID, mail, report card, etc.)

If an applicant is a male, 18 years of age or older, he must be registered with Selective Service. If he is not registered and is chosen to participate in the program, then he will be required to register on-line at www.sss.gov

If you have any specific questions please call the Earn and Learn program at (414) 270-7550 or the Telecommunications Relay Service (TRS) number 711. Auxiliary aids and services are available upon request to individuals with disabilities. This program is funded through the Workforce Investment Act (WIA) which is an Equal Opportunity Program.

Please return your application and materials to:

**Milwaukee Area Workforce Investment Board
2342 N. 27th Street
Milwaukee, WI 53210
Between the hours of 8:30AM-4:00PM (Monday-Friday)**

Please Note: Due to budget cuts and other budget restraints there is NO guarantee that the summer program will actually begin at the designated time.





Mayor Barrett's **EARN & LEARN INITIATIVE**
Community Work Experience

Applicant Information													
PRINT all information in black or blue ink After you have completed all information SIGN your name in signature box and date													
Today's Date													
Last Name				First Name			M.I.						
Street Address						Apartment/Unit #							
City				State		Zip Code							
Primary Phone ()				Secondary Phone ()									
Social Security # / /				Date of Birth			Age						
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		E-mail Address											
Race/Ethnicity		<input type="checkbox"/> White		<input type="checkbox"/> African American		<input type="checkbox"/> American Indian		<input type="checkbox"/> Asian		<input type="checkbox"/> Hispanic or Latino		<input type="checkbox"/> Other:	
Interests (Please check all that apply)		<input type="checkbox"/> Childcare Worker		<input type="checkbox"/> Clerical		<input type="checkbox"/> Grounds Crew/Maintenance		<input type="checkbox"/> Customer Service		Referred by			
		<input type="checkbox"/> Recreation/Sports		<input type="checkbox"/> Food Service		<input type="checkbox"/> Conservation		<input type="checkbox"/> Information Technology					
		<input type="checkbox"/> Performing Arts		<input type="checkbox"/> Other _____									
Are you a citizen of the United States?				<input type="checkbox"/> YES <input type="checkbox"/> NO		If you are male, have you registered for the Selective Service?				<input type="checkbox"/> YES <input type="checkbox"/> NO			
Please check the box that best describes your level of work experience.				<input type="checkbox"/> I am <u>currently employed</u> /If hired this work experience would provide me extra income. <input type="checkbox"/> I am <u>currently employed</u> in a temporary/seasonal position. <input type="checkbox"/> I have previous work experience, but not currently employed. <input type="checkbox"/> I have no previous work experience.									
Have you ever worked for MAWIB's Earn & Learn Community Work Experience?				<input type="checkbox"/> YES <input type="checkbox"/> NO		If yes, when?		<input type="checkbox"/> Last Summer Only <input type="checkbox"/> Last 2 Summers <input type="checkbox"/> 3 or more Summers					
Which of the following MAWIB programs have you participated in?				<input type="checkbox"/> MCLC- Milwaukee Conservation Leadership Corp <input type="checkbox"/> JAG-Jobs for America's Graduates <input type="checkbox"/> FFI-Futures First Initiative <input type="checkbox"/> CJC-Civic Justice Corps <input type="checkbox"/> Focused on My Future <input type="checkbox"/> WIA-Workforce Investment Act <input type="checkbox"/> Other _____ <input type="checkbox"/> None									
Have you ever been convicted of a felony? If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.				<input type="checkbox"/> YES <input type="checkbox"/> NO		If yes, please explain:							
Education													
Current School Status (Please check one)		<input type="checkbox"/> In School (Enrolled)		<input type="checkbox"/> High School Graduate			<input type="checkbox"/> Out of School (Dropped out) Withdrawal Date: _____ Last graded completed _____						
Current/Last School Attended				City/State									
Is this an MPS School?		<input type="checkbox"/> YES <input type="checkbox"/> NO		Current Grade Level		Did you graduate?		<input type="checkbox"/> YES <input type="checkbox"/> NO		Graduation Date or Expected Graduation Date (MM/YR)			
Previous/Current Employment and /or Volunteer Activities													
Do you have any previous/current employment and/or volunteer activities? If yes, please complete section below.										<input type="checkbox"/> YES <input type="checkbox"/> NO			
Organization				Phone ()									
Address				City, State, Zip									
Job Title				Starting Wage		\$							
Responsibilities													
Reason for Leaving													
May we contact your previous supervisor for a reference?						<input type="checkbox"/> YES <input type="checkbox"/> NO							

Previous/Current Employment and /or Volunteer Activities

Organization		Phone	()
Address		City, State, Zip	
Job Title		Starting Wage	\$
Responsibilities			
Reason for Leaving:			
May we contact your previous supervisor for a reference?		<input type="checkbox"/> YES <input type="checkbox"/> NO	

REFERENCES

Full Name		Relationship	
Organization		Phone	()
Address		City, State, Zip	
Full Name		Relationship	
Organization		Phone	()
Address		City, State, Zip	

1.) What are your strengths and weaknesses?

Strengths:

Weaknesses:

2.) Why should we consider you for this program?

Which days and hours are you available to work? (Be specific)

Mon _____ Tue _____ Wed _____ Thurs _____ Fri _____ Sat _____ Sun _____

How many hours can you work weekly? _____ Can you work evenings/ nights? _____ Can you work weekends? _____

Do you have a valid Driver's License? Yes or No What is your means of transportation to work? _____

-Disclaimer and Signature- Release Form for the Earn & Learn Initiative

- I certify that the information in this application is true to the best of my knowledge.
- I realize that by signing this application I am giving my consent and disclosure for all required paperwork pertaining to this program.
- I am aware that I may be prosecuted for fraud and/or perjury if I deliberately give false information.
- I agree to allow the release of information on this form for verification purposes.
- I agree to allow the release of grades, test scores, attendance and demographic information (for example: name, address, etc.) from the school that I am attending.
- I certify that no member of my family is in a position of influence or authority that would affect my hiring, supervision or the acquisition/administration of grants that fund my position.
- I agree to have my photograph taken and used by the City of Milwaukee and the Milwaukee Area Workforce Investment Board Youth Program.
- I understand that my photo may be used in materials that promote the City of Milwaukee and the Milwaukee Area Workforce Investment Board Youth Program including, but not limited to brochures, flyers or other promotional materials.
- I understand that the City of Milwaukee and the Milwaukee Area Workforce Investment Board Youth Program will distribute these promotional materials to various public and private sector organizations as an informational and marketing tool, and by signing this agreement I acknowledge the right of the City of Milwaukee and the Milwaukee Area Workforce Investment Board Youth Program to undertake such actions.
- I understand that if I am a male, I must be registered for Selective Service 30 days prior to, on, or after my 18th birthday for Workforce Investment Act (WIA) program participation and receiving WIA services. I understand that this is a Federal requirement and that if I have not registered for Selective Service within this time period, any and all WIA funded services that I may be receiving will be terminated immediately.

Applicant Signature		Date Signed	
Parent Signature <i>(if under the age of 18)</i>		Date Signed	



PROOF of INCOME WORKSHEET

Family Members Names:	Income Source:
1. (Applicant/Youth)	\$
2.	\$
3.	\$
4.	\$
5.	\$
6.	\$
7.	\$
8.	\$
9.	\$

Family Size: _____ Total Household Monthly Income: \$ _____

Public Assistance Recipient: Please Circle Y or N	Youth Characteristics: Please Circle Y or N
Y N TANF/ W2 Work Program	Y N Basic Literacy Skills Deficient
Y N Foster Child	Y N Foster Child
Y N Income within 6 Months <i>(i.e. paycheck stub or tax return required)</i>	Y N Disabled Youth
Y N Food Share <i>(Benefit Statement required NOT Quest Card)</i>	Y N Pregnant or Parenting
Y N GA/SSI/RCA <i>(Benefit Statement required)</i>	Y N Needs Additional Assistance
Y N Homeless <i>(Written Statement required)</i>	Y N Currently Lives in a Group Home
Y N Pell Grant Recipient	Y N Offender/ Runaway/Homeless
	Y N One or More Grade Levels Behind

This portion of the application should be completed by a parent / guardian and returned with the application.

If applicable, provide proof of the family's income via pay check stubs, SSI statements, and/or proof of foster care, Food Share documentation, Unemployment documentation or W-2 forms

Office Use Only:

Y N Eligible for WIA Youth Services
 Y N In School Youth
 Y N Out of School Youth



PHOTOGRAPH RELEASE STATEMENT

I, _____, hereby authorize to release to the
(Participant Name)

Milwaukee Area Workforce Investment Board/Contract Holders, A Workforce Development Board, the following information:

- I agree to have my photograph taken and used by the City of Milwaukee, MAWIB and the WIA Youth Program.
- I understand that my photo may be used in materials that promote the City of Milwaukee, MAWIB and the WIA Youth Program including, but not limited to brochures, flyers or other promotional materials.
- I understand that the City of Milwaukee, MAWIB and the WIA Youth Program will distribute these promotional materials to various public and private sector organizations as an informational and marketing tool, and by signing this agreement I acknowledge the right of the City of Milwaukee, MAWIB and the WIA Youth Program to undertake such actions.

I understand that Federal and State law protects my employment records. I may end this agreement at any time if I give written notice. If I end this agreement, further release of information will stop at once.

I agree that the information to be released was fully explained to me and that I freely signed this form.

A copy of this form will be treated the same as the original.

(Signature of Participant)

(Date)

(Signature of Parent/Guardian if under 18)

(Date)



AUTHORIZATION TO RELEASE INFORMATION

I, _____, hereby authorize my employer(s) to release and discuss
(Participant Name)

with _____ and the
(WIA Program Provider)

Milwaukee Area Workforce Investment Board/Contract Holders, A Workforce Development Board, the following information:

- ✓ Employment Start and End Dates
- ✓ Wages and Hours
- ✓ Job Title
- ✓ Reason for leaving employer (if necessary)
- ✓ Benefit Information
- ✓ Telephone Exchange of Information
- ✓ Child Support Deductions

I understand that Federal and State law protects my employment records. I may end this agreement at any time if I give written notice. If I end this agreement, further release of information will stop at once. I agree that the information to be released was fully explained to me and that I freely signed this form.

A copy of this form will be treated the same as the original.

(Signature of Participant)

(Date)

(Signature of Parent/Guardian if under 18)

(Date)



CONSENT FOR RELEASE OF INFORMATION

I, _____

(Participant's Name)

(Social Security Number)

(Date of Birth)

Give my **CONSENT FOR THE RELEASE OF ALL INFORMATION** to _____ to give/receive/share with WIA Youth Program, a youth program of the Milwaukee Area Workforce Investment Board, Inc.

I understand that this Consent for Release of Information expires upon the completion of WIA Youth services. I also understand that I may cancel this consent at any time by stating so in writing with the date and my signature. This does not include any information, which has been shared between the time I gave my consent to share information and the time that such consent was canceled.

Participant Signature

Date

Parent's or Guardian's Signature if under 18

Date