

Date: Summer 2014
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*. The deadline for submitting applications is **April 24, 2014 by 4:00 PM**. Due to limited funds youth will be placed on a first-come-first-serve basis. **SO PLEASE APPLY EARLY!** Submission of a completed application does not designate or guarantee automatic acceptance into the program.

A completed application includes submitting the following required documents:

- *Earn & Learn Application Packet*
- One 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)
- One 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)
- One 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 - 4:00 PM (Monday-Friday)
Between the hours of 9:00 AM - 1:00 PM (Saturday)
No faxed applications will be accepted!

(Applications will be taken from youth ages 14-15, but priority will be given to youth ages 16-21.)





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

GENERAL INTAKE INFORMATION

Help us to serve you better by completing the following information.
(PLEASE PRINT CLEARLY & USE BLUE or BLACK INK)

DEMOGRAPHIC INFORMATION

Date of Visit:									
Last Name:		First Name:			M.I.:				
Street Address:				Apartment #:					
City:			State:		Zip Code:				
Home Phone: ()		Work Phone: ()		Cell Phone: ()					
Email Address:									
Social Security #:									
Gender:		<input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth:		Age:			
Race/Ethnicity:		<input type="checkbox"/> White/Caucasian	<input type="checkbox"/> Black or African American	<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Hawaiian Native or Pacific Islander	<input type="checkbox"/> Multi-Racial	<input type="checkbox"/> Other:

EDUCATION INFORMATION

Current School Status: (Please check one)		<input type="checkbox"/> In School (Enrolled)		<input type="checkbox"/> Out of School - Graduate		<input type="checkbox"/> Out of School - Dropped out	
Current/Last School Attended:				City/State:			
Is this an MPS School?		<input type="checkbox"/> YES <input type="checkbox"/> NO					
Highest Grade Completed: (Please check one below)							
<input type="checkbox"/> 8 th Grade and Below		<input type="checkbox"/> 9 (HS Freshman)		<input type="checkbox"/> 10 (HS Sophomore)		<input type="checkbox"/> 11 (HS Junior)	
<input type="checkbox"/> 12 (HS Senior)		<input type="checkbox"/> GED		<input type="checkbox"/> HSED		<input type="checkbox"/> 13 (College Freshman)	
<input type="checkbox"/> 14 (College Sophomore)		<input type="checkbox"/> Associate's Degree		<input type="checkbox"/> 15 (College Junior)		<input type="checkbox"/> 16 (College Senior)	

MILITARY INFORMATION

Are you a veteran or an eligible person?		<input type="checkbox"/> YES <input type="checkbox"/> NO		Are you currently enlisted?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Are you registered for Selective Service?		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> NOT REQUIRED			

BACKGROUND INFORMATION

Have you been convicted of a misdemeanor or felony?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
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ADDITIONAL INTAKE INFORMATION

DEMOGRAPHIC INFORMATION

Do you have a Facebook account?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If yes, what is your Facebook profile name?					
Do you have a Twitter handle?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If yes, what is your Twitter handle name?					
Are you a citizen of the United States?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If no, authorized to work in the U.S?		<input type="checkbox"/> YES <input type="checkbox"/> NO			
Do you have a valid driver's license?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If no, check all apply:	<input type="checkbox"/> Eligible	<input type="checkbox"/> Expired	<input type="checkbox"/> Never had one	<input type="checkbox"/> Revoked	<input type="checkbox"/> Suspended

EMPLOYMENT INFORMATION

Employment Status:	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	<input type="checkbox"/> Self-Employed	<input type="checkbox"/> Unemployed
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EMERGENCY CONTACT INFORMATION

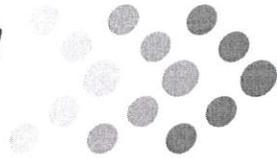
Last Name:		First Name:	
Phone 1: ()	Phone 2: ()	Phone 3: ()	
Relationship:			

EARN & LEARN PROGRAM INFORMATION

Interests <small>(Please check all that apply)</small>	<input type="checkbox"/> Childcare Worker <input type="checkbox"/> Office/Clerical <input type="checkbox"/> Grounds Crew/Maintenance <input type="checkbox"/> Customer Service <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 _____			
Referred by:				
What shift are you able to work? <small>(Check all that apply)</small>	<input type="checkbox"/> Morning (7am-Noon) <input type="checkbox"/> Afternoon (Noon-5pm) <input type="checkbox"/> Evening (4pm-9pm) <input type="checkbox"/> Weekend			
Are you scheduled to attend summer school??	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, when?	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon	
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			

PREVIOUS/CURRENT EMPLOYMENT AND/OR VOUNTEER 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



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:

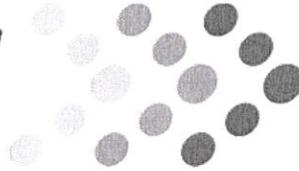
- Y N Eligible for WIA Youth Services
- Y N In School Youth
- Y N Out of School Youth

RELEASE FORM for the MILWAUKEE AREA WORKFORCE INVESTMENT BOARD

- I certify that the information in this application (including income) is true to the best of my knowledge.
- I realize that I will be terminated from the program if I am found ineligible after enrollment.
- 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 a verification check that is necessary.
- I agree to allow the release of grades, test scores, attendance, and demographic information (for example: Name, Address, etc.) from the school that my child is attending.
- I certify that no member of my family is in a position of influence or authority, which would affect my being hired, my supervision, or the acquisition or administration on grants, which 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 have been advised that customer satisfaction is important to the program management staff and the State of Wisconsin. I understand that the above-named participant may be contacted for information about his/her experience with the services that have been provided, and hereby give my consent for a telephone interview for that purpose.
- I also understand that participation in a customer satisfaction survey is voluntary and that refusal to grant this permission will not affect my child's eligibility to receive needed services.
- 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 Milwaukee Area Workforce Investment Board Youth Program participation and receiving youth 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 funded services that I may be receiving will be terminated immediately.

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

Thank you for your interest in the MAWIB and Mayor Barrett's Earn & Learn Summer Youth Jobs Initiative. The deadline for submitting applications is May 9, 2014 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.



AUTHORIZATION TO RELEASE INFORMATION

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

_____ and the Milwaukee
(Earn and Learn Summer Employment Program Provider)

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

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

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.

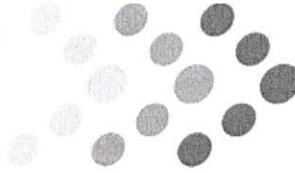
A copy of this form will be treated the same as the original.

(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 Earn and Learn Summer
Employment Program, a youth program of the Milwaukee Area Workforce
Investment Board, Inc.

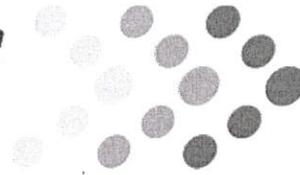
I understand that this Consent for Release of Information expires upon the completion of Earn and Learn Summer Employment Program services. I also understand that I may cancel this consent at any time by stating so in writing with the date and my signature. This does not include any information, which 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



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 Earn and Learn Summer Employment Program.
- I understand that my photo may be used in materials that promote the City of Milwaukee, MAWIB and the Earn and Learn Summer Employment Program including, but not limited to brochures, flyers or other promotional materials.
- I understand that the City of Milwaukee, MAWIB and the Earn and Learn Summer Employment 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 Earn and Learn Summer Employment Program to undertake such actions.

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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)