



Are you a Lawrence, Haverhill or Methuen youth, age 14 to 21 and interested in a PAID summer job?

2019 YOUTHWORKS SUMMER JOBS

Applications available at School Guidance Offices and at the following web sites:
WWW.MassHireMVWB.org & MassHireMVCC.com

APPLICATION DEADLINE: FRIDAY, APRIL 19, 2019

APPLY TODAY!

Drop-off your completed application before the deadline during the days, times indicated at the locations listed below. You must bring along any documents required (List of Required Documents next page), to determine program eligibility. Your application will be reviewed by a **MASSHIREMVWB/MASSHIREMVCC YouthWorks Staff**.

LAWRENCE

MassHire Merrimack Valley
Workforce Board
Career Center

255 Essex Street, 4th Floor
Lawrence, MA 01840
(978) 722-7086

**Tuesdays. Wednesdays &
Fridays - 2:00 pm - 4:00 pm**

HAVERTHILL

MassHire Merrimack Valley
@ Northern Essex CC
671 Kenoza Street, Rm 105
Haverhill, MA 01830
(978) 241-4730

Thursdays , 2:30 pm - 4:00 pm

For Haverhill High School
Students Only
Parent Resource Room next to the Library
**Tuesdays and Thursdays
10:00 am - 12:45 pm**

Attention!

- PARTICIPANTS DETERMINED BY PARTNERS & A LOTTERY PROCESS
- DO NOT FAX OR MAIL APPLICATIONS

YouthWorks Summer Jobs Program

List of Required Documents to Determine Eligibility

For **EACH** of the **7]** or **8]** basic criteria listed below, you must submit **ONE (1)** of the document(s) listed**

Youth Full Name: _____

<p>1] Social Security</p> <p><input type="checkbox"/> Original Social Security Card must be presented</p> <hr/> <p>2] Date of Birth & U.S. Work Authorization Documents cannot be expired as of 6/25/2019</p> <p><input type="checkbox"/> United States Certificate of Birth <input type="checkbox"/> Puerto Rican Birth Certificate (must be dated on or after 07/01/10 to be valid) <input type="checkbox"/> United States Passport or U.S Passport Card <input type="checkbox"/> Permanent Alien Resident Card (Copy of BOTH sides) <input type="checkbox"/> Foreign Passport with Visible I-551 Stamp <input type="checkbox"/> Letter from the Commonwealth of Massachusetts EOHHS Agency specifying date of birth and social security number (ONLY for Foster Child and State Custody Youth)</p> <hr/> <p>3] Picture ID</p> <p><input type="checkbox"/> School ID Card <input type="checkbox"/> Unexpired Massachusetts issued Driver's License or State ID Card <input type="checkbox"/> The documents below may be acceptable lieu of a Picture ID <i>ONLY if you are under 18:</i> <input type="checkbox"/> School Record or Report Card <input type="checkbox"/> Clinic/Doctor/Hospital Record (<i>i.e. immunization record</i>)</p> <hr/> <p>4] Selective Service Registration This Criteria must be met ONLY if you are a MALE 18 or older</p> <p>Please visit the Selective Service System (SSS) https://www.sss.gov/ <input type="checkbox"/> SSS Registration Card <input type="checkbox"/> SSS Online Verification/Record <input type="checkbox"/> SSS Signed Application</p> <hr/> <p>5] Proof of Home Address</p> <p><input type="checkbox"/> Massachusetts issued Driver's License or State ID Card <input type="checkbox"/> School Record or Report Card containing address <input type="checkbox"/> Gas/Electric/Phone or Other Utility Household Bill <input type="checkbox"/> Lease agreement <input type="checkbox"/> Pay Stub for a Household Member <input type="checkbox"/> Letter from a State or Government Agency indicating residency address <input type="checkbox"/> Other Official Mail</p>	<p>6] Household Income</p> <p><input type="checkbox"/> Attached "Proof of Free or Reduced Lunch" form, completed by school authorized staff, sealed/stamped. <input type="checkbox"/> Public Assistance Records/Printout <input type="checkbox"/> Copy of Food Stamps/SNAP Card AND Current Dated Receipt or letter <input type="checkbox"/> Last 4 Pay Stubs/Unemployment Stubs AND 2018 W-2 (for parents within the household) <input type="checkbox"/> Social Security or SSDI Benefits Letter <input type="checkbox"/> Housing Authority Income Verification <input type="checkbox"/> Court Award Letter <input type="checkbox"/> Written statement from other Federal, State, or Local Agency (DCF, DYS, DMH, etc....) <input type="checkbox"/> Homelessness <input type="checkbox"/> Shelter/Social Service Agency Letter <input type="checkbox"/> Applicant Statement (<i>Ask YouthWorks staff for form</i>)</p> <hr/> <p>7] Household Size – SKIP, ONLY if "Free or Reduced Form" was submitted, signed & stamped/sealed by the school.</p> <p><input type="checkbox"/> Health cards for ALL the family members living in the Household <input type="checkbox"/> US Birth Certificates for ALL family members <input type="checkbox"/> Lease agreement with ALL family members living in the Household listed <input type="checkbox"/> Public Assistance/Social Service/Public Housing Agency Record Listing Family Members <input type="checkbox"/> Letter from Commonwealth of Massachusetts EOHHS Agency (If Foster Child and State Custody Youth) <input type="checkbox"/> Applicant Statement (<i>Ask YouthWorks staff for form</i>)</p> <hr/> <p>8] ONLY IF APPLICABLE - Youth Risk Factors</p> <p><input type="checkbox"/> DYS/Probation Letter indicating Court Involved (Juvenile arrest, gang-involved, probation, CRA, DYS-committed) <input type="checkbox"/> DCF Letter indicating State Custody – (Foster Care, or Former Foster Status) <input type="checkbox"/> Homelessness or runaway youth- <input type="checkbox"/> Letter from Shelter/Social Service Agency <input type="checkbox"/> Applicant Statement (<i>Ask YouthWorks staff for form</i>)</p> <hr/> <p>Other Factors</p> <p><input type="checkbox"/> Individualized Education Program Report - Pages 1 & 2 <input type="checkbox"/> 504 Plan – Pages 1 & 2</p>
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****ONLY completed and signed applications with valid documentation**



Location: 255 Essex Street, 4th Floor, Lawrence, MA 01840 Phone: (978) 722-7086
Websites: www.MassHireMVWB.org www.MassHireMVCC.COM

APPLICATION DEADLINE IS FRIDAY, APRIL 19, 2019

2019 YouthWorks Summer Jobs Program Application

Have you participated in YouthWorks in previous years? Yes No, If Yes, which year(s)? _____

Social Security Number: _____ / _____ / _____ Today's Date: _____

First Name: _____ Middle Name: _____ Last Name(s): _____

Street Address: _____ Apt. / Fl. #: _____ City: _____ State: MA Zip Code: _____

Date of Birth (MM/DD/YYYY): _____ / _____ / _____ Age: _____ Gender: Male Female

Ethnicity: African American Asian Caucasian/ White Hawaiian/Pacific Islander
 Hispanic/Latino Native American Other: _____

Email Address: _____ Cell Phone/Main Number: (____) ____ - _____

Parent/ Guardian Name: _____ Parent Phone Number: (____) ____ - _____

Emergency Contact Name: _____ Emergency Contact Phone: (____) ____ - _____

EDUCATION

Are you currently enrolled in Middle School or High School? Yes No

Name of Middle or High School Attended: _____ School ID#: _____

Highest Grade Completed: 7 8 9 10 11 12 High School Graduation Year: _____

Will you be attending College in the fall of 2019? Yes No (If Yes) Name of the college: _____

If you are not in school: Did you drop-out of High School: Yes No

Have you attended or will attend a different education program? Yes No If Yes, Name of program _____

Have you received or are enrolled in a GED/HiSet (High School Equivalency) Program? Yes No If Yes, Completion Year: _____

FAMILY INCOME

Number of people living with you in the household: _____ Estimate your family income for the last 6 months: _____

Are you eligible for Free or Reduced Lunch? Yes No If Yes, include a completed Free Lunch verification Form school form *attached

Are you or any member of your family receiving any of the following?

TAFDC EAEDC SSI/SSDI Refugee Assistance Food Stamps/SNAP Child Support
 Unemployment Insurance Benefits Workman's Compensation None

**** ALL INFORMATION OBTAINED ON THIS APPLICATION WILL BE KEPT CONFIDENTIAL ****

Check ✓ ALL that Apply

- Court-Involved youth (juvenile arrest, gang- involved, probation, CRA,
- DYS Committed
- Foster Youth or former foster care youth (DCF).
- Independent Education Plan (IEP), 504 Plan, or documented disability.
- Teen Parent
- Child of a single, working parent
- Poor academic performance
- Limited English language fluency
- Currently homeless or a runaway youth.

Work/ Volunteer Experience *(if applicable)*

Job Title: _____ Employer/Organization Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Start Date: ____/____/____ End Date: ____/____/____ Salary per hour: \$____ Hours per week: _____

Job Duties/Responsibilities: _____

Reason for Leaving: _____

Please check and initial if you agree to the following:

- Initials _____ I grant the MassHire Merrimack Valley Workforce Board (MassHire MVWB) and the MassHire Merrimack Valley Career Center (MassHire MVCC) permission to take photographs of me while in their Youth Programs. I authorize the MassHire MVWB and the MassHire MVCC, or its delegates, to copyright, use and publish the same in print and/or electronically. I agree that the MassHire MVWB and MassHire MVCC may use such photographs of me with or without my name for any lawful purpose, including publication, illustration, advertising, distribution, public display, video, media, print, promotional materials, and Web content.
- Initials _____ I am currently attending high school, and would you like to be enrolled in Connecting Activities (school to career program for in-school youth).

Do you have a valid driver's license? Yes No

Do you have reliable transportation? Yes No

Explanation of Participant Agreement: the MassHire Merrimack Valley Workforce Boards (MassHire MVWB) and the MassHire Merrimack Valley Career Center (MassHire MVCC) are funded in large part by federal and state grants. Data helps determine the level of funding for our region in future years.

Participant agreement: I allow MassHire MVWB and MassHire MVCC to collect information on my future jobs. I agree to provide the information on my post-YouthWorks hire job start date, position title, name and address of employer, starting wage and benefits when I next become employed. I also agree to allow the MassHire MHVWB and MassHire MHVCC to release YouthWorks employment information to prospective employers.

I hereby certify and attest, under penalty of perjury, that the information stated above is true and accurate, and understand that the above information, if misrepresented or incomplete, may be grounds for termination from certain services. I acknowledge that the accuracy of the information for eligibility is subject to external verification and may be released for such purposes. I approve the release of the contents of my application and file to employers, monitors, and other providers. My signature also attests that I have received information regarding my rights to equal opportunity/nondiscrimination and how to file a grievance, including a copy of the notice "Equal Opportunity and the Law" and "How to File a Formal Complaint/Grievance", and that I understand my social security number is being documented for standardized program information reporting purposes; and I have been supplied with a description of the full array of the MassHire MVWB and MassHire MVCC Services.

Youth/Applicant Signature / Date

YouthWorks Program Staff Signature/Date

Parent/Guardian Signature - Required If under 18 Years of Age/Date

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**MERRIMACK VALLEY
WORKFORCE BOARD**



Location: 255 Essex Street, 4th Floor, Lawrence, MA 01840 Phone: (978) 722-7086
Websites: www.MassHireMVWB.org www.MassHireMVCC.COM

FREE or REDUCED LUNCH VERIFICATION FORM

IF APPLICABLE: FOR IN-SCHOOL YOUTH ATTENDING PUBLIC SCHOOL ONLY

YOUTH OR PARENT MUST HAVE THE SCHOOL COMPLETE AND SIGN THIS FORM

Family income is an eligibility criteria for publicly subsidized jobs. In-school youth eligible for free or reduced lunch will meet the income and family size guidelines upon providing this form completed by the school staff.

Student Name: _____ Current Grade in School: _____

Name of School: _____

School Address: _____ City: _____ Zip Code: _____

TO BE COMPLETED BY SCHOOL PERSONNEL ONLY

This student has been approved and is eligible as defined by National School Lunch Act for:

- Free Lunch**
- Reduced Lunch**

School stamp, label or seal (required):

I ATTEST THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT ACCORDING TO SCHOOL RECORDS. The information provided in this form will be used solely to determine student eligibility for the YouthWorks Summer Jobs Program and is not intended for any other purpose.

School Staff Signature: _____

Date: ____ / ____ / _____

Print School Staff Name: _____

Phone #: _____

Job Title: _____

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