

Date: Summer 2010

To: Interested Youth

From: Chytania Brown, Youth Services Manager

Subject: Milwaukee Area Workforce Investment Board (MAWIB) and Mayor Barrett's ***Earn & Learn Summer Initiative***

Thank you for your interest in the MAWIB and Mayor Barrett's ***Earn & Learn Summer Initiative***. Below is a list of documentation that is needed when submitting your application. The application deadline for submission is May 7, 2010, by 4:00 p.m. **Only completed applications will be accepted.** Submittal of a completed application does not designate automatic acceptance into the program.

- Earn & Learn Application
- Proof of Date of Birth (copy)
(must be at least 14 years of age at time of submittal of application)
- Social Security Card (copy)
- Proof of income (i.e. pay stub, SSI, TANF, Food Stamps, etc.)
(parent/guardian must supply proof of income for youth under the age of 18)
- Household Income Worksheet (attached)
- Proof of Address (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 contact an Earn & Learn Staff at (414) 270-7550.

Please return your application and materials to:

Milwaukee Area Workforce Investment Board
2342 N. 27th Street
Milwaukee, WI 53210
Attn: Chamia Gary or Bernadette Graves



ONLY COMPLETE APPLICATIONS WILL BE ACCEPTED!!!



Mayor Barrett's 2010 EARN & LEARN INITIATIVE

Applicant Information

Today's Date:							
Last Name:			First Name:			M.I.:	
Street Address:					Apartment/Unit #:		
City:			State:		Zip Code:		
Phone: ()			2 nd Phone or Cell: ()				
Social Security No.: / /			Date of Birth: (Month, Day, Year)				
Sex:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	E-mail (if any):				
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"/> Maintenance	<input type="checkbox"/> Grounds Crew	Referred by:		
	<input type="checkbox"/> Food Service	<input type="checkbox"/> Sports	<input type="checkbox"/> Performing Arts				

Are you a citizen of the United States?		<input type="checkbox"/> YES <input type="checkbox"/> NO	If no, are you authorized to work in the U.S.?		<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever worked for the Earn & Learn Program?		<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, when?		
Have you participated in any of the following programs?		<input type="checkbox"/> STEP-UP	<input type="checkbox"/> JAG - Jobs for Americas Graduates	<input type="checkbox"/> FFI - Futures First Initiative	<input type="checkbox"/> None
Have you ever been convicted of a felony?		<input type="checkbox"/> YES <input type="checkbox"/> NO			

If yes, please explain:

Education

High/Middle School:		Address:			
Is this an MPS School?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Grade Level:	Did you graduate?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Not Yet	If yes, when?
Lunch Status:	<input type="checkbox"/> FREE	<input type="checkbox"/> REDUCED	<input type="checkbox"/> DENIED	<input type="checkbox"/> N/A	

References

Please list 1 or 2 references (not a family member)

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

- continue on back -

Previous/Current Employment and/or Volunteer Activities

Do you have any previous/current employment and/or volunteer activities? If yes, please complete section below. YES NO

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

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

Additional Information / Personal Assessment

- 1.) What are your strengths and weaknesses?
 Strengths: _____ Weaknesses: _____
- 2.) If you have a problem with the job or another employee how would you handle it?

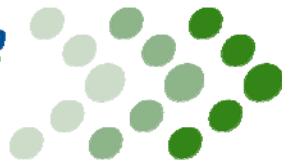
Disclaimer and Signature

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 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.

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

**Please submit your completed application in person or by mail to the
 Milwaukee Area Workforce Investment Board located at:
 2338 N. 27th Street - Milwaukee, WI 53210**



PROOF of INCOME WORKSHEET

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

Family Size: _____

Total Household Monthly Income: \$ _____

Public Assistance Recipient:	Youth Characteristics:
Y N TANF	Y N Basic Literacy Skills Deficient
Y N Foster Child	Y N Foster Child
Y N Income Previous 6 Months	Y N Disabled Youth
Y N Food Stamps	Y N Pregnant or Parenting
Y N GA/SSI/RCA	Y N Needs Additional Assistance
Y N Homeless	Y N Currently Lives in a Group Home
Y N Pell Grant Recipient	Y N Offender/ Runaway/Homeless
Y N W2 Work Program	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, 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