

Attachment B

ACCEPTABLE DOCUMENTATION LIST

Proof of:	Acceptable Documents:
Age	Birth Certificate, Driver's license, State I.D., Documentation from School Officials
Social Security Number	Social Security Card, Employment Records, Letter from Social Security Agency, Signed Documentation from School Officials
Income Status	W-2, Most Recent Pay Stubs, Letter from Division of Social Services
Citizenship/ Eligibility to Work	Birth Certificate, Driver's License & Social Security Card (both), U.S. Passport

***Students who have a driver's license do not need to provide a birth certificate**

***All Students under the age 18 must provide a work permit/work permits will be completed upon hire**

***All students must provide a picture ID and a Social Security Card**

Student Education:

Last Grade Completed: _____

Last School Attended: _____

High School Graduate? Yes _____ No _____

GED? Yes _____ No _____

College _____

Number of Years Completed: _____

Are you currently attending any education or training classes?

School or Training Agency

Location

Student Work History List all work including part-time and volunteer work. (You may add additional pages.)

Current or Most Recent Employer:

1) Name: _____

Address: _____

Job Title and Duties: _____

Work Hours per Week: _____ Hourly Wage: _____

Starting Date: _____ Ending Date: _____

Reason for Leaving: _____

Additional Employers:

2) Name: _____

Address: _____

Job Title and Duties: _____

Work Hours per Week: _____ Hourly Wage: _____

Starting Date: _____ Ending Date: _____

Reason for Leaving: _____

PLEASE READ CAREFULLY: Your application will not be accepted if this section is not completed:

I certify that the information provided is true to the best of my knowledge. I am aware that the information I have provided is subject to review and verification. I further understand that I must provide documents to support claims made in this application.

I am also aware that I am subject to immediate termination from the State Summer Youth Employment Program if I am found ineligible after enrollment and may be prosecuted for fraud and/or perjury if I knowingly provided false information. I allow the release of this information for verification purposes, and understand that it will be used to determine eligibility.

NAME: _____ DATE: _____
Signature of Applicant

NAME: _____ DATE: _____
Signature of Parent or Guardian

NAME: _____ DATE: _____
Signature of Grantee-Agency/Organization Representative