

Mayor Barrett's 2009 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: Do you receive free or reduced lunch? <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, 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.

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

**Please submit your complete application in person or by mail to the MAWIB Offices at
 2338 N. 27th Street - Milwaukee, WI 53210 along with the following documents:
 1.) Copy of Social Security Card and 2.) Proof of Date of Birth
 ONLY COMPLETE APPLICATIONS WILL BE ACCEPTED**