



2023 Summer Youth Work Program Employment

Name: _____ Social Security #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone #: _____ E-mail Address: _____

Date of Birth: _____ Sex: _____

EMERGENCY CONTACT PERSON

Name: _____ Telephone #: _____

Address (write same if same as above): _____

City: _____ State: _____ Zip Code: _____

WITHHOLDING (also complete federal and state withholding forms)

Federal: _____

State: _____

*** A student work permit must be submitted to be considered for employment.**

FOR OFFICE USE ONLY

Hire Date: _____ Pay Rate: _____

Termination Date: _____

AUTHORIZATION: _____