



## 2024 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:	_____		