



WORKFORCE DEVELOPMENT BOARD

2022

Summer Youth Employment Program



Participant Application



SUMMER YOUTH EMPLOYMENT PROGRAM APPLICATION
(Please print clearly on all pages of the application.)

Name _____
First M.I. Last

Important Dates

- **Application Due Date: May 13, 2022**
- **Interview Dates: May 16, 2022 to May 27, 2022**
- **Intern Orientation: June 15, 2022 or June 22, 2022**
(Applicant will only need to attend 1 of the 2 evening orientation sessions.)
- **Program Dates: June 27, 2022 to August 19, 2022**

REQUIREMENTS:

- Applicant **must** be a Camden County resident.
- Applicant must be willing and available to fully complete an 8-week program.
(No time off is permitted for vacation, sports, etc.)
- Application and required documents **must be submitted by May 13, 2022.**
- Applicant must attend a 30-minute interview prior to being selected.
- Applicant must attend an evening orientation once selected to participate in the program.
 - Each intern will receive a stipend starting at \$15.00 per hour.

APPLICATION PROCEDURES:

PLEASE READ VERY CAREFULLY

1. Complete all sections of the application.
2. **REQUIRED** Attachments to your application:
 - Clear Copy of your Photo Identification. (For Example: Driver's License, State ID, School ID, etc.)
 - Clear Copy of your birth certificate.
 - Clear Copy of your social security card.
 - Clear Copy of your most recent transcript. (For example: High School or College transcript or let us know that you have been out of school for more than 1 year and do not have access to these records.)
 - Answered Essay Question.
 - Completed Recommendation Form
 - Completed I-9 Form
 - Completed New Jersey Intake and Initial Assessment Form

Please ensure that all documents are legible and easy to read.

3. **Completed application and attachments must be received by the Camden County Workforce Development Board, 1111 Markkress Road, Suite 101, Cherry Hill, NJ 08003, no later than Friday, by 4:00 pm.**

DO NOT SUBMIT INCOMPLETE APPLICATION PACKAGES.

Three (3) ways to submit your application:

1. By Email to: receptionist@ccwib.com
2. By Fax to: (856) 751-4495
3. By US Mail
or Hand Delivery to: Camden County WDB
Attn: SYEP 2022
1111 Markkress Road, Suite 101
Cherry Hill, NJ 08003

If you are sending your application by US Mail, please be sure to allow enough time for your application package to be delivered by the due date. All applications must be postmarked by the due date. Late applications will not be accepted.

Once we receive your application, you will be sent an email to set up your virtual interview. Please use an email on the application which you check regularly.

PROGRAM APPLICATION

(Please make sure all contact information is current. You must provide working telephone numbers and working email addresses that you check daily.)

Personal Information

Name _____
First M.I. Last

Gender: M F Do not wish to disclose Preferred Pronouns _____

Date of Application _____ Highest Grade Completed _____

Applicant's Home Telephone Number: _____

Applicant's Mobile Phone Number: _____

Applicant's Email Address: _____

(Complete if applicant is under age 18)

Parent/Guardian's Mobile Telephone Number: _____

Parent/Guardian's E-mail Address: _____

Number & Street Address: _____

City _____ NJ _____ Zip Code _____

How old are you? _____ What is your birthday? (MM/DD/YYYY) _____

What is your SSN? _____



Ethnic Heritage: Black/African American White Asian Hispanic or Latino
 Alaskan/American Indian Hawaiian/Pacific Islander I chose not to disclose

Marital Status: Single Married Civil Union

Are you a US Citizen? Yes No Permanent Resident

What is your current total household income? _____

Are you currently employed? Yes No

Do you have a Driver's License? Yes _____ No _____ Do you have access to a car? Yes _____ No _____

Do you have reliable transportation to a job? Yes _____ No _____

How many miles would you be willing to commute to a job? _____

If you do not have a car or other transportation, are you willing and able to use public transportation to get work? Yes _____ No _____

Do you have daily access to a computer and internet if required to work virtually? _____ Yes _____ No

Do you have any medical condition that would prevent you from working? If yes, please explain.

Family Background *(Only complete this section if you are under 18 and/or still in high school.)*

Mother or Guardian: Occupation: Place of Employment

Father or Guardian: Occupation: Place of Employment

School/College/Community Activities or Hobbies (Class Offices, Organizations, Clubs, Volunteer Experiences, etc.)

Work Experience (List most recent job first)

Company	Location (City, State)	Job Title	From	To
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Please attach a typed one-page short essay answering the following questions:

- Why do you want to participate in the Summer Youth Employment Program?
- What are your future goals?
- How will participation in the program help you to achieve your future goals?



**PERMISSIONS AND ACKNOWLEDGEMENTS FOR THE SUMMER YOUTH EMPLOYMENT PROGRAM
(Must be completed and signed by all applicants OR a parent/guardian for those under 18 years old)**

I _____ would like to participate in the Camden County Workforce Development Board's (CCWDB) Summer Youth Employment Program. I understand employment is at the discretion of the companies involved in the Summer Youth Employment Program. I am aware that the individual named above may be asked to meet with an approved employer worksite for an interview prior to being offered employment.

Further, I understand I am responsible for supplying transportation to and from the job and that attendance is important to the success of the program. I will not hold the County of Camden, NJ, and/or the CCWDB responsible or liable for any accidents or injuries to the individual named above or for the payment of any bills incurred while on the job or traveling to and from the job or while working on the job.

I hereby authorize the Camden County Workforce Development Board, Inc. (CCWDB) the right to use, reproduce, and/or publish photographs and/or video that may pertain to me including my image, likeness and/or voice without compensation. I understand that this material may be used in any and/or all media outlets including radio, television, print publications, social media, etc. This material may also appear on the CCWDB's website. Consequently, the CCWDB may publish materials, use my name, photograph, and /or make reference to me in any manner that the CCWDB deems appropriate in order to promote/publicize relevant programs and/or events. This authorization is continuous and may only be withdrawn by my specific rescission of this authorization.

Date

Applicant Signature, (if under age 18, a Parent or Guardian Signature)



RULES FOR PARTICIPATION

The following rules and guidelines apply to all Camden County Summer Youth Employment Program participants. Failure to comply with the rules listed below may result in immediate dismissal from the program. Should you have any questions concerning these rules, please discuss them with a staff member of the CCWDB as soon as possible.

1. If you are absent from your job due to illness or any other unforeseen reason, you must notify the CCWDB within 24 hours of your absence. You must also immediately contact the employer to which you are assigned.
2. You must be courteous and always maintain communication with your employer. Failure to do so may result in dismissal from the program.
3. You must not get into any trouble while participating in the program. If you do get in trouble, it may result in dismissal from the program. Should you get in any type of trouble, this should immediately be brought to the attention of the CCWDB.
4. Absenteeism or tardiness will not be tolerated and may result in removal from the program.
5. You must be on time for work each day assigned. Continual lateness to work will result in your dismissal from the program.
6. As a summer youth program participant, you must always exhibit excellent judgment and respect for others.
7. Contact the WDB before applying for another job, quitting your assigned job, giving two weeks notice, or changing jobs. Your failure to do so, except for extreme situations, will result in dismissal from the summer youth program.

The Summer Youth Employment Program is sponsored by Camden County Workforce Development Board through funding provided by the New Jersey Department of Labor. All of the above rules are in accordance with the guidelines that have been set by Workforce Development Board. By signing below, you acknowledge receipt of these rules and agree to abide by them.

Applicant Signature

If applicant is under age 18, Parent/Guardian Signature

CCWDB Signature

Date



Summer Youth Employment Program Recommendation Form (Non-Family Member)

Name of Applicant: _____
First Last

The Camden County Workforce Development Board would appreciate a statement from you concerning the applicant named above. Add additional comments on separate sheet of paper. **Please complete and return your recommendation form to the applicant for inclusion in their application packet. The completed application packet must be returned by the applicant, no later than May 13, 2022. Please return this recommendation to the applicant allowing enough time for them to meet the application deadline.**

1. How would you describe his/her personal characteristics?

2. In your opinion, is the applicant reliable and able to participate in the program?

3. What are the applicant's greatest strengths? (Be specific as possible)

Signature: _____ Date: _____

Name: _____ Phone: _____

Position/Title: _____ Email: _____

NEW JERSEY INTAKE AND INITIAL ASSESSMENT FORM A proud partner of the American Job Center network				Today's Date: ____/____/____	
UNDERLINED SECTIONS MUST BE COMPLETED. PLEASE COMPLETE ADDITIONAL FORMS IF INDICATED..					
SSN#: _____-_____-____		DOB: ____/____/____ MM/DD/YYYY		Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	
Last Name: _____		First Name: _____		Middle Initial: _____	
Street: _____		City: _____	State: _____	Zip Code: _____	County: _____
Phone #: () _____ Alt. Phone # () _____		Email: _____		Contact Preference: <input type="checkbox"/> Postal <input type="checkbox"/> E-mail <input type="checkbox"/> Primary Phone <input type="checkbox"/> Alt. Phone	
Ethnic Heritage: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> I choose not to disclose Race: <input type="checkbox"/> Alaskan/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> I choose not to disclose			Marital and Family Status (choose all that apply) <input type="checkbox"/> married <input type="checkbox"/> divorced <input type="checkbox"/> unmarried Household: <input type="checkbox"/> one-parent <input type="checkbox"/> two-parent <input type="checkbox"/> not a family member(single) <input type="checkbox"/> other (dependent, child) <input type="checkbox"/> optional: pregnant		
School Status: In-school: <input type="checkbox"/> HS/secondary or Less <input type="checkbox"/> alternative <input type="checkbox"/> HS/Post-secondary not attending school: <input type="checkbox"/> HS dropout <input type="checkbox"/> HS grad/equivalent <input type="checkbox"/> 16 or younger and have not attended last school year quarter			Employment Status (choose one) <input type="checkbox"/> employed <input type="checkbox"/> not employed <input type="checkbox"/> employed-received notice of termination <input type="checkbox"/> not employed and not seeking work If employed are you working (choose one) <input type="checkbox"/> full-time <input type="checkbox"/> part-time <input type="checkbox"/> seasonal/temporary <input type="checkbox"/> self-employed If not employed and homemaker:: <input type="checkbox"/> Receiving support from spouse/former spouse <input type="checkbox"/> Not receiving support from spouse/former spouse		
Education Level (Choose highest only): <input type="checkbox"/> no grade <input type="checkbox"/> ____ Yrs completed, (1-11) no diploma <input type="checkbox"/> 12th grade, no diploma <input type="checkbox"/> HS equivalency <input type="checkbox"/> 12th grade, HS grad <input type="checkbox"/> disabled w/ Cert. IEP Post-secondary/Vocational/Associate High School Plus: <input type="checkbox"/> Post-secondary no degree: <input type="checkbox"/> 1 year <input type="checkbox"/> 2 years <input type="checkbox"/> 3 years <input type="checkbox"/> Vocational Certificate: <input type="checkbox"/> 1 year <input type="checkbox"/> 2 years <input type="checkbox"/> 3 years <input type="checkbox"/> Associate Degree: <input type="checkbox"/> 1 year <input type="checkbox"/> 2 years <input type="checkbox"/> 3 years <input type="checkbox"/> Other Degree: <input type="checkbox"/> BA/BS <input type="checkbox"/> Master's <input type="checkbox"/> PhD			US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Permanent Resident or Exp.Date: _____ Alien Reg.# (if applicable): _____		
Individual with Disability: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Choose not to disclose [If Yes, please ask staff for Form D, which is kept confidential, and provide the following information: type of disability: hearing; vision; mental; mobility; cognitive/I/DD; learning; chronic health]					
Migrant Seasonal Farmworker: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes choose one: <input type="checkbox"/> migrant seasonal farmworker <input type="checkbox"/> migrant farmworker <input type="checkbox"/> migrant food process worker <input type="checkbox"/> dependent of migrant seasonal farmworker Farmwork Type: <input type="checkbox"/> production and services <input type="checkbox"/> food processing					
Selective Service (Males born on or after 1/1/1960 only) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Selective Service #: _____			Native Language: <input type="checkbox"/> English <input type="checkbox"/> other specify: _____		
Housing: (choose one) <input type="checkbox"/> aged out of foster care <input type="checkbox"/> foster child <input type="checkbox"/> homeless <input type="checkbox"/> runaway <input type="checkbox"/> own home <input type="checkbox"/> rent <input type="checkbox"/> choose not to disclose <input type="checkbox"/> none of the above apply			Military Service: <input type="checkbox"/> No <input type="checkbox"/> Yes branch: _____ If Yes, use DVOP Checklist <input type="checkbox"/> campaign veteran <input type="checkbox"/> national guard <input type="checkbox"/> reserve <input type="checkbox"/> active duty <input type="checkbox"/> transitioning vet <input type="checkbox"/> discharge <input type="checkbox"/> retirement <input type="checkbox"/> other eligible <input type="checkbox"/> active service From: _____ to: _____ Service Disability: <input type="checkbox"/> disabled <input type="checkbox"/> not disabled <input type="checkbox"/> special disabled Receiving Veteran's benefits or assistance? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, specify: _____		
Offender Status - Have you been convicted of criminal offense? <input type="checkbox"/> Yes <input type="checkbox"/> No			Military Spouse - Are you: <input type="checkbox"/> active duty service member spouse <input type="checkbox"/> service member widow <input type="checkbox"/> disabled veteran spouse If active duty spouse, has your income been affected by spouse's deployment? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you feel you have any barriers to employment, including customs, practices or beliefs, not described on this form, which you wish to disclose? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide this information on Form D					

Employment Preferences

Work Week: full-time part-time both not seeking employment at this time
Duration: regular (150 Days+) temporary (150 Days or Less) both
Minimum Salary: \$ _____ Per _____ **Date Available to Work:** _____ / _____
Shift Preference: Willing to work any shift? Yes No If No, which shift(s): 1st 2nd 3rd Split Rotating
Employment Objective: _____ **Desired Job Title(s):** 1) _____
 2) _____ 3) _____ 4) _____ 5) _____
Desired Employer(s): 1) _____ 2) _____ 3) _____
Acceptable Job Locations (check one): 5 10 25 50 100 miles from Zip Code _____

Work History (Current/Last Employer): job title: _____ employer: _____
 street: _____ city: _____ state: _____
 start date: _____ / _____ / _____ end date: _____ / _____ / _____ wage: \$ _____ per _____
reason for leaving: lack of work/layoff fired medical/health quit retired still employed strike
 other (specify) _____
 job duties: _____

 _____ If you wish to provide additional work history, inform staff person.

Additional Skills: _____
Professional Associations: _____

Certificate/Special Licenses

Certificate/License: _____ issued by: _____
 issued date: _____ / _____ / _____ state: _____ country: _____
education-course of study: _____ degree: _____ school: _____ state: _____ country: _____

Driver's License

License: No Yes State: _____
Type: CDL-A CDL-B CDL-C Auto Moped
Transportation I own a vehicle I have insurance I have access to: vehicle
 motorcycle bus/ rail none other
Endorsements:
 passenger transport motorcycle
 hazardous materials tank vehicle school bus
 doubles/triples tank hazards air brakes

I attest that the information provided is true and accurate any misrepresentation may be grounds for termination from program(s). I further understand that being determined eligible for services and/or training does not necessarily entitle me to service/training

Applicant Signature _____ Date _____ Parent/Guardian* _____ Date _____
 Staff Signature _____ Date _____ Reviewed/Verified By _____ Date _____ *<18 only

Staff use only:

WIOA Adult WIOA Dislocated Worker TANF Assistance start date: _____
 WDP Grant (Specify: _____) SNAP Case #: _____
 National Dislocated Worker Grant GA CAVP Income Status:
 100% LLSIL 70% LLSIL Not Disclosed
 Local Priority (Specify): _____

Barriers to Employment: ELL/Lower Level Literacy Substantial Cultural Barriers
 Youth In/Aged out of Foster Care Low-Income Individual Displaced Homemaker Disability
 Indian/Alaska native/Native Hawaiian Homeless Individual Long-Term Unemployed Ex-Offender
 Within 2yrs of TANF exhaustion Eligible MSFW Single Parent Older Individual
 WDB (County) Code: _____

WIOA Youth ISY WIOA Youth OSY Low-Income Additional Info: Underemployed Not in Labor Force
 High Poverty Area 5% Limitation Interested in Nontraditional Employment
 AOSOS ID#: _____

OSY: Foster Youth Dropout Homeless Not Attended Last Q
 Offender Low Income AND Basic Skills Deficient Pregnant/parenting
 Disability Low Income AND youth who Requires Add'l Assistance
ISY: Low-Income AND: BSD English Language Learner
 Offender Homeless Foster Youth Pregnant/parenting
 Disability Youth who Requires Add'l Assistance
Referral Source:
 DVRS LWD UI Public Assistance Agency
 CBO/FBO Self Other Local Area CSBG
 Employer HUD Adult Education Library
 Probation Parole Public Education Relative/Friend
 Re-entry/Second Chance Displaced Homemaker Program
 Family Success Center MSFW Grantee



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

▶ **START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.**

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number □□□□ - □□ - □□□□		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write in This Space	

Signature of Employee	Today's Date (mm/dd/yyyy)
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Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code

STOP **Employer Completes Next Page** STOP



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No 1615-0047
 Expires 10/31/2022

Section 2. Employer or Authorized Representative Review and Verification
(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions)

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative		
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name		
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	OR	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.