



Keys to Success

- ✓ Read everything carefully
- ✓ Follow all instructions and complete everything in BLUE or BLACK INK.
- ✓ Make sure all of your necessary documents are together
- ✓ Use the checklist on the second page to determine if your application is complete. An incomplete application will keep you out of the program.

2015-2016



Application

Eligibility

Applicants must meet ALL of the following requirements:

- 👍 Resident of San Francisco
- 👍 14 to 21 years old at the start of the program
- 👍 Enrolled in Middle/High School or a GED Program, or Completed
- 👍 On Juvenile or Adult Probation in San Francisco
- 👍 Legally eligible to work

LifeWorks

Goals, Program Information, Program Eligibility and Requirements

Goal

The goal of the program is to provide San Francisco young people involved in the Justice System a wide array of experiences that will support their ongoing participation and success in the workforce and life.

Program Information

- LifeWorks Employment Program is specially designed for San Francisco young people on juvenile and adult probation.
- LifeWorks is a year-round work experience program that begins June 9, 2015 and ends April 29, 2016.
- LifeWorks includes paid work experiences at nonprofit organizations and public sector agencies as well as paid workshop attendance and other learning opportunities.
- Program participants are expected to commit to all expectations of the program, which includes productive attendance at work, workshops, and events, as well as maintenance of / effort towards a 2.0 GPA in school.
- Only complete applications (which include all documents and signatures) will be considered for admittance into the program.
- Participants will earn minimum wage—currently \$12.25/hour.

Program Eligibility and Requirements

The program reserves the right to ask participants to produce documentation for each requirement.

- Reside in San Francisco
- Between the ages of 14 and 21
- On probation at the time of acceptance into the program
- Enrolled in middle school, high school or GED program, or higher level education
- Legally eligible to work in the United States
- Able to obtain a Work Permit. Youth will be required to do so as a condition of their acceptance into the program. Youth who do not obtain a Work Permit within the timeline outlined by their LifeWorks Coordinator will forfeit their position.

Required Work Eligibility Documents

In addition to a complete application, participants will be required to submit the following:

1. **Valid Social Security Card** (written ink signature must match printed name).
 - If your Social Security Card has a qualifying statement printed on it, make sure you submit the necessary accompanying document.
 - If you are not a United States citizen, you must also submit a copy of your Valid Alien Registration Card that authorizes you to work
2. **Valid (unexpired) Proof of Age (CA ID Card, Driver's License, Birth Certificate, U.S Passport, Military ID, etc.)**

Personal Identification

Please Print neatly and use Blue or Black ink

First Name _____ Middle Initial _____ Last Name _____

Date of Birth ____/____/____ Social Security Number ____-____-____

Address _____ SF, CA 94 _____

Home Phone # (415) ____-____-____ Cell Phone # (____) ____-____-____

Email Address _____

Fall 2014 Grade Level _____ Name of School _____ What is your current GPA _____

Have you ever applied to LIFEWORKS in the past? (Yes/No) If yes, when _____

Have you ever had a job before? (Yes/No) If yes, when and for how long _____

Demographics

English Fluency _____ Fluent _____ Somewhat Fluent _____ Not Fluent _____

Gender

_____ Female
_____ Male
_____ Transgender

Living Situation

Please Check all that apply:

_____ Family _____ Foster Home
_____ Group Home _____ Homeless
_____ Self-Support _____ Public Housing

Other

Please Check All That Apply:

_____ Disabled
_____ GLBTQ
_____ Financially Support my family

Juvenile Justice

_____ Have Probation Officer Name _____ Phone _____
_____ Have Case Manager Name _____ Phone _____

Do you have kids?

Yes _____
No _____

Income Information:

PLEASE HAVE YOUR PARENT OR GUARDIAN ASSIST YOU WITH THIS SECTION

Does anyone in the household receive Public Assistance? Yes _____ No _____

If yes, what type? (Circle all that apply):

TANF _____ Food Stamps _____ GA _____ Medi-Cal _____ SSI _____ Other _____

How many family members live in the household? _____

What is the total combined wages of all the family members for the last 6 months? _____

Ethnicity

Information provide on this page will not affect your application status

Please indicate the ethnicity you identify with.

<input type="checkbox"/> African American	<input type="checkbox"/> Other Black (please specify) _____	
<input type="checkbox"/> Asian - Chinese	<input type="checkbox"/> Asian - Filipino	<input type="checkbox"/> Asian - Indian
<input type="checkbox"/> Asian - Japanese	<input type="checkbox"/> Asian - Korean	<input type="checkbox"/> Asian - Laotian
<input type="checkbox"/> Asian - Thai	<input type="checkbox"/> Asian - Vietnamese	
<input type="checkbox"/> Asian - Other (please specify) _____		
<input type="checkbox"/> Hispanic/ Latino - Mexican/Mexican American	<input type="checkbox"/> Hispanic/ Latino - Central American	
<input type="checkbox"/> Hispanic/ Latino - South American	<input type="checkbox"/> Hispanic/ Latino - Caribbean	
<input type="checkbox"/> Hispanic/ Latino - Other (please specify) _____		
<input type="checkbox"/> Middle Eastern - Arab	<input type="checkbox"/> Middle Eastern - Iranian	
<input type="checkbox"/> Middle Eastern - Other (please specify) _____		
<input type="checkbox"/> Pacific Islander - Guamanian	<input type="checkbox"/> Pacific Islander - Hawaiian	
<input type="checkbox"/> Pacific Islander - Tongan	<input type="checkbox"/> Pacific Islander - Samoan	
<input type="checkbox"/> Pacific Islander - Other (please specify) _____		
<input type="checkbox"/> European American	<input type="checkbox"/> European Other (please specify) _____	
<input type="checkbox"/> Multiracial/Multiethnic	<input type="checkbox"/> Other (Please Specify) _____	
<input type="checkbox"/> Decline to State		

Home Language

Please identify the main language spoken at home:

<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> Cantonese	<input type="checkbox"/> Japanese	<input type="checkbox"/> Korean
<input type="checkbox"/> Laotian	<input type="checkbox"/> Mandarin	<input type="checkbox"/> Samoan	<input type="checkbox"/> Tagalog	<input type="checkbox"/> Toishanese
<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Arabic	<input type="checkbox"/> Russian	<input type="checkbox"/> Khmer/Cambodian	
<input type="checkbox"/> American Sign Language		<input type="checkbox"/> Other (please specify) _____		

Workers Compensation Medical Provider Pre-Designation

Workers Compensation Medical Providers Pre-designation Form allows employees to designate, in advance of any work-related injury, a personal physician to provide medical care for industrial injuries. Please check one and only one of the boxes. If you have any questions, call your LifeWorks Coordinator.

Check the box below if you want LifeWorks to follow its normal procedures

- ☐ I, the undersigned employee waive my rights to use my personal physician within the Medical Provider Network and will be treated through Patriot Risk Services's Medical Providers.

Check the box below if you want your personal doctor to provide treatment for work related injuries and know that s/he is on the Medical Provider Network and know that s/he is willing to do so.

- ☐ I, the undersigned employee, in case of a work-related injury or illness, elect to receive medical treatment from my personal physician with the understanding that s/he is within the Medical Provider.

To determine if your personal physician is in the Medical Provider Network:

Call or email:

MPN Contact

Patriot Risk Services

P.O. Box 2573

Rancho Cordova, CA 95741-2573

Toll Free: 877 323 9903 x. 19550

Email: campn@patriotrs.com

- 1.) Tell them your physician's name to see if that person is a part of the network
- 2.) If they are not a part of the network, you may either choose another doctor or follow the normal LifeWorks MPN procedure.

The following information is required if you checked the second box above. If it is not provided, your application will be considered incomplete.

Name of Physician

Phone #

Address

Participant Name: _____

Participant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Paid Sick Leave Predetermination Form

San Francisco voters recently passed a law entitling all employees in San Francisco the accrual of Paid Sick Leave. This law went into effect on February 5th, 2007 and applies to all LifeWorks Participants. In addition to being able to use sick leave for your own health needs, you will be able to use the time to care for any immediate family member as well as one other person that you choose to provide care to. We are asking you to identify that person now. You will have the opportunity to update the name annually. This is the person outside of your immediate family that if needed, you will be allowed to substitute Paid Sick Leave Hours for time missed from work because you were providing care to them.

Name of the person you are designating _____
(someone outside of your immediate family)

Phone number(s) of the person you are designating _____

If you have questions about Paid Sick Leave, please contact _____.

PARENT/GUARDIAN CONSENT FORM

Authorization to release school student records

I hereby authorize _____ (name of school) to release, upon request by any LifeWorks representative any of the following information:

standardized test data, academic records, or attendance records of _____ (name of student) while s/he is a participant of in the program.

HO# (can be found on your report card or class schedule) _____

Parent/Guardian Signature _____ Date _____

LifeWorks Media Release

While my child participates in LifeWorks, I understand that LifeWorks regularly takes pictures and video of program activities. Some of these pictures and video will be used as agency information through newsletters, our website, agency brochures, displays, etc.

By signing this release, I am authorizing LifeWorks to use any pictures or video that may include my child's photo, as well as any captions or names associated with the activity. LifeWorks will NOT offer financial compensation for use of these photos.

*Please note that if you DO NOT want your child's photo used, you DO NOT have to sign this portion of the form. Not signing this portion will not affect your child's application.

Parent/Guardian Signature _____ Date _____

Consent to Share Information

Please read the following policy and indicate your acceptance by signing below. It is also true that you may revoke this permission at any time by writing a request to Daniel Kamienski, LifeWorks Program Coordinator at Horizons Unlimited.

The LifeWorks (LIFEWORKS) is a collaborative of Horizons Unlimited, Occupational Therapy Training Program (OTTP) and the Juvenile and Adult Probation Departments (JPD & APD, respectively). By participating in this program, you are consenting to the sharing of limited, but needed information about the youth participant between APD/JPD, OTTP, Horizons Unlimited as well appropriate social service and community-based organization staff for the purpose of employment/vocational, academic, and personal support.

The information will not be made public and will be securely protected. We will share only what is necessary to provide meaningful service delivery, coordination, implementation and review. Examples of this information are, but not limited to: All the information required by the Probation Officer referral sheet and the LIFEWORKS youth application, youth's probation requirements/placement, any detention episodes during the program, name of probation officer, information about the type of counseling received by the youth (**NOT** the personal content of the counseling), status of enrollment in school, and the contents on an individual vocational assessment performed by the Occupational Therapy Training Program. This information is shared so that the program can provide your son or daughter opportunities that best meet his or her needs.

Participant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Permission to participate in LifeWorks

By signing below, you are acknowledging the following:

- You are aware of and consent to your child's participation in the LifeWorks
- The program may contact you regarding your child's participation
- You consent to your youth participating in accompanied, off-site program activities including meetings, other agency visits, & appointments

Parent/Guardian Signature _____ Date _____

Final Reminder!!!!

BEFORE SUBMITTING YOUR APPLICATION

- Make sure everything is complete (in black or blue ink)
- Look at the “Is Your Application Complete Page?” and use it as checklist to determine whether your application is complete.
- Check to see that all signature lines are filled in, especially the Parent or Guardian lines
 - A. Your Signatures
 - Social Security Card (matching the signature printed on the card)
 - Workers Compensation Medical Provider Pre-Designation
 - Consent to Share Information
 - B. Your Parent’s or Guardian’s Signature
 - Emergency Form
 - Workers Compensation Medical Provider Pre-Designation
 - Authorization to Release School Student Records
 - Consent to Share Information
 - Parent Consent to Participate
- You have your work eligibility documents (LIFEWORKS staff will make a copy of your originals when you submit them with your application):
 - **Valid Social Security Card (ink signature must match printed name)**
 - **Valid (unexpired) Proof of Age**
 - If you are not a US citizen, you will also need to provide
 - A Valid Alien Registration Card that authorizes you to work



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9

OMB No. 1615-0047
Expires 03/31/2016

► **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire 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 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	E-mail Address			Telephone Number											
	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>															

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):

- ☐ A citizen of the United States
- ☐ A noncitizen national of the United States *(See instructions)*
- ☐ A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- ☐ An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. *(See instructions)*

For aliens authorized to work, provide your Alien Registration Number/USCIS Number **OR** Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. *(See instructions)*

3-D Barcode
Do Not Write in This Space

Signature of Employee:	Date (mm/dd/yyyy):
------------------------	--------------------

Preparer and/or Translator Certification *(To be completed and signed if Section 1 is prepared by a person other than the employee.)*

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

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



Employer Completes Next Page



Form W-4 (2016)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2016 expires February 15, 2017. See Pub. 505, Tax Withholding and Estimated Tax.

Note: If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2016. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	_____				
B	Enter "1" if: <table><tr><td>• You are single and have only one job; or</td><td rowspan="3">}</td></tr><tr><td>• You are married, have only one job, and your spouse does not work; or</td></tr><tr><td>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</td></tr></table>	• You are single and have only one job; or	}	• You are married, have only one job, and your spouse does not work; or	• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.	B	_____
• You are single and have only one job; or	}						
• You are married, have only one job, and your spouse does not work; or							
• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.							
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	_____				
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	_____				
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	_____				
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit	F	_____				
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child	G	_____				
H	Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) ▶	H	_____				
	For accuracy, complete all worksheets that apply. <table><tr><td>• If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.</td><td rowspan="3">}</td></tr><tr><td>• If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.</td></tr><tr><td>• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.</td></tr></table>	• If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.	}	• If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.	• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.		
• If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.	}						
• If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.							
• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.							

----- Separate here and give Form W-4 to your employer. Keep the top part for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074	
▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.				2016	
1 Your first name and middle initial		Last name		2 Your social security number	
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.			
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>			
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5			
6 Additional amount, if any, you want withheld from each paycheck		6		\$	
7 I claim exemption from withholding for 2016, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7			
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.) ▶					
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)		10 Employer identification number (EIN)	

