

2011 Summer Youth Program

Ages 18 -21

Required Documents

_____ Birth Certificate

_____ Social Security Card

_____ Drivers License/ State ID

_____ Income Documents

- Most recent pay stubs
- SSI Letters
- Food Stamps letter
- Proof of aging out of foster care
- Statement _____

Income Eligibility

Family size	Income
1	\$10,830.00
2	\$14,570.00
3	\$18,310.00
4	\$23,130.00
5	\$27,599.00
6	\$31,928.00
7	\$36,557.00
8	\$41,186.00



WIA Youth Application

Name: _____ Date: _____
Last First Middle Initial

Last 4 of SS #: _____ D.O.B. _____ Race: _____ Gender: _____

Address: _____

City, State, Zip Code: _____

Home Phone Number: _____ Alternate Phone Number: _____

Family Type: # in Family: _____ #of Dependents under 18: _____

Currently Enrolled in School: Yes No If yes, where? _____ Current Grade: _____

Highest Level of Education: _____ Certifications/Degrees: _____

Email Address: _____

Contact Information for Two People Not Living with You:

(Name) _____ (Name) _____

Address: _____ Address: _____

City, State, Zip _____ City, State, Zip _____

Phone: _____ Phone: _____

Household Income:

Source of last six moths of Household income

Employee Wages Yes No Unemployment Yes No

Temporary Cash Assistance Yes No Food Stamps Yes No

Student Financial Aid Yes No Child Support Yes No

Social security Pension Yes No Spousal Support Yes No

Workers Compensation Yes No Other Source _____

Supplemental Security Income (SSI) Yes No Total of Last 6 Months \$ _____

United States Citizenship

U.S. Citizen Yes No U.S. Permanent Resident Alien Yes No

Alien/Refugee Lawfully Admitted to U.S. Yes No If yes, Alien Number _____

Barriers to employment: (Check all that apply)

Substance Abuse Yes No Homeless/ Runaway Yes No
Pregnant Yes No Single Parent Yes No
Foster Child Yes No Disability Yes No
Offender Yes No If yes, name the Offense _____
Do you speak Limited English: Yes No If yes, what language do you speak? _____

Highest Level of Education (Select only those obtained)

High School Drop Out Yes No If yes, what was the last grade attended? _____
Received High School Diploma Yes No Received GED Yes No
2 Year College or Technical School Yes No Associates Degree Yes No
1 Year College or Technical School Yes No Vocational Certificate Yes No
 Other _____ 3 Years College or Technical School Yes No
 Course of study of Certificates or Degrees earned _____

For Office Use Only

Based on the information provided, the following candidate is An Eligible Youth Suitable for the WIA Youth Program.

CEO Session Date _____ Assigned WIA Youth Career Manager _____

Does the candidate have a resume? Yes No

TABE: Level D9 Reading _____ Math _____ Test Date _____

***ONET:**

- Realistic _____
- Investigative _____
- Artistic _____
- Social _____
- Enterprising _____
- Conventional _____



Statement of Understanding

PLEASE READ THE FOLLOWING STATEMENTS AND INITIAL EACH ITEM AS IT PERTAINS TO YOU. IF THERE IS ANY THING YOU DO NOT UNDERSTAND, PLEASE ASK TAMPA BAY WORKFORCE ALLIANCE YOUR CAREER MANAGER.

- _____ I understand that I will sign my Career Plan upon application approval and will work with my Career Manager to thoroughly complete my needs inventory and set short term and long term goals that I will work towards attaining while participating in the Tampa Bay WorkForce Alliance Youth program.
- _____ I understand that I must attend and participate in Tampa Bay WorkForce Alliance training and enrichment activities. I also understand that I may be terminated due to lack of participation.
- _____ I understand that incentives may be earned upon completion of specified goals and activities and that I am not entitled to them by enrollment alone.
- _____ I understand that my Career Manager will be responsible for scheduling the activities and services to help me achieve my goals. I agree to keep him/her informed of my progress and speak to him/her about any concerns or problems I may encounter.
- _____ I agree to keep my Career Manager notified of any address or phone number changes throughout program participation and up to a year following termination.
- _____ I agree to do my best in the activities to which I am assigned.
- _____ I will be involved in developing my individual employment plan and I understand that the plan can be modified.

I do hereby certify that all information above on this form is true and correct. I consent to verification of this information. I further understand that this information is to determine my eligibility to enter a WIA program and that any false information given intentionally may result in my immediate termination from any WIA program and that any monies received while enrolled in WIA program may have to be repaid.

_____	_____
Participant's Signature	Date
_____	_____
Parent/Guardian's Signature	Date
_____	_____
TBWA Career Manager's Signature	Date



Individual Service Strategies Objective Plan

Customer's Name: _____ SSN#: _____ Date: _____

Individual Assessment:

Education:

____ Less than High School (No Diploma) ____ High School Diploma or GED
____ Post Secondary Education: _____ ____ Currently attending school: _____

Assessment tool used: TABE, Interest Profiler (e-Choices), or Other _____

TABE Scores	Test date	Form	Level	Scale		Grade	
				Pre	Post	Pre	Post
Reading							
Math							

Personal Needs:

- ____ Transportation
- ____ Training assistance (tuition, books, fees, etc.)
- ____ Limited Employability Skills
- ____ Clothing f/training or employment
- ____ Child Care
- ____ Other (explain) _____

Comments/Support services:

Individual Objective Goals and Action Plan

Goals Set: 1. Basic Skills 2. Occupational Skills 3. Work Readiness

Educational Goal (Short/Long Term):

1) Training Program: _____
Anticipated Start Date: _____

Training Site: _____
Anticipated Completion Date: _____

2) Training Program: _____
Anticipated Start Date: _____

Training Site: _____
Anticipated Completion Date: _____

Employment Goal (Short/Long Term):

Job Title: _____ Hours/Week: _____ Wage: _____

Action Plan:

Start/End Dates

1. _____
2. _____
3. _____
4. _____
5. _____

Student Signature _____

Date _____

Youth Career Specialist _____

Date _____

INCOME WORKSHEET

Client Name _____

Client SSN: _____

Date: _____

Site: _____

FAMILY SIZE & INCOME STATEMENT

(List all family members here; include family member's income such as employment income, public assistance, social security payments, etc., if they have no income put -0-)

Family Member's Name	Income Source	Income	Annualized Income
_____	_____	_____	X2
_____	_____	_____	X2
_____	_____	_____	X2
_____	_____	_____	X2
_____	_____	_____	X2
_____	_____	_____	X2
If no income is reported, explain the source of support.		Total: _____	X2

Do you provide 50% or more of your own support? Yes No

Will you be claimed as a dependent on another's income tax return? Yes No

What documentation was used to determine income eligibility? _____

INCOME CALCULATIONS (Use this to calculate Family Income)

- Straight pay or Salary Method (Hourly Wage x Hours worked x 52)
- Average Pay Method (Total # of gross earnings for 6 months /6 = Avg; Avg * 52 = Gross)
- Year-To-Date Method (YTD/# of Wks worked; Multiply # of Wks Worked by 26 = Weekly; Weekly * 52 = YTD)

Nepotism

Yes No Do any of your family members hold elected, appointed, or administrative positions funded by WIA, or have authority responsibility for the expenditures of WIA funds? If Yes, specify below.

Name	Relationship to You	Agency	Position
_____	_____	_____	_____

Signature

Career Manager Signature

Date

Participant Signature

Date

Instructions

Read all instructions carefully before completing this form.

Anti-Discrimination Notice. It is illegal to discriminate against any individual (other than an alien not authorized to work in the United States) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. 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 documents presented have a future expiration date may also constitute illegal discrimination. For more information, call the Office of Special Counsel for Immigration Related Unfair Employment Practices at 1-800-255-8155.

What Is the Purpose of This Form?

The purpose of this form is to document that each new employee (both citizen and noncitizen) hired after November 6, 1986, is authorized to work in the United States.

When Should Form I-9 Be Used?

All employees (citizens and noncitizens) hired after November 6, 1986, and working in the United States must complete Form I-9.

Filling Out Form I-9**Section 1, Employee**

This part of the form must be completed no later than the time of hire, which is the actual beginning of employment. Providing the Social Security Number is voluntary, except for employees hired by employers participating in the USCIS Electronic Employment Eligibility Verification Program (E-Verify). **The employer is responsible for ensuring that Section 1 is timely and properly completed.**

Noncitizen nationals of the United States are persons born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.

Employers should note the work authorization expiration date (if any) shown in **Section 1**. For employees who indicate an employment authorization expiration date in **Section 1**, employers are required to reverify employment authorization for employment on or before the date shown. Note that some employees may leave the expiration date blank if they are aliens whose work authorization does not expire (e.g., asylees, refugees, certain citizens of the Federated States of Micronesia or the Republic of the Marshall Islands). For such employees, reverification does not apply unless they choose to present

in **Section 2** evidence of employment authorization that contains an expiration date (e.g., Employment Authorization Document (Form I-766)).

Preparer/Translator Certification

The Preparer/Translator Certification must be completed if **Section 1** is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete **Section 1** on his or her own. However, the employee must still sign **Section 1** personally.

Section 2, Employer

For the purpose of completing this form, the term "employer" means all employers including those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors. Employers must complete **Section 2** by examining evidence of identity and employment authorization within three business days of the date employment begins. However, if an employer hires an individual for less than three business days, **Section 2** must be completed at the time employment begins. Employers cannot specify which document(s) listed on the last page of Form I-9 employees present to establish identity and employment authorization. Employees may present any List A document **OR** a combination of a List B and a List C document.

If an employee is unable to present a required document (or documents), the employee must present an acceptable receipt in lieu of a document listed on the last page of this form. Receipts showing that a person has applied for an initial grant of employment authorization, or for renewal of employment authorization, are not acceptable. Employees must present receipts within three business days of the date employment begins and must present valid replacement documents within 90 days or other specified time.

Employers must record in Section 2:

1. Document title;
2. Issuing authority;
3. Document number;
4. Expiration date, if any; and
5. The date employment begins.

Employers must sign and date the certification in **Section 2**. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. If photocopies are made, they must be made for all new hires. Photocopies may only be used for the verification process and must be retained with Form I-9. **Employers are still responsible for completing and retaining Form I-9.**

For more detailed information, you may refer to the *USCIS Handbook for Employers (Form M-274)*. You may obtain the handbook using the contact information found under the header "USCIS Forms and Information."

Section 3, Updating and Reverification

Employers must complete **Section 3** when updating and/or reverifying Form I-9. Employers must reverify employment authorization of their employees on or before the work authorization expiration date recorded in **Section 1** (if any). Employers **CANNOT** specify which document(s) they will accept from an employee.

- A. If an employee's name has changed at the time this form is being updated/reverified, complete Block A.
- B. If an employee is rehired within three years of the date this form was originally completed and the employee is still authorized to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.
- C. If an employee is rehired within three years of the date this form was originally completed and the employee's work authorization has expired or if a current employee's work authorization is about to expire (reverification), complete Block B; and:
 - 1. Examine any document that reflects the employee is authorized to work in the United States (see List A or C);
 - 2. Record the document title, document number, and expiration date (if any) in Block C; and
 - 3. Complete the signature block.

Note that for reverification purposes, employers have the option of completing a new Form I-9 instead of completing **Section 3**.

What Is the Filing Fee?

There is no associated filing fee for completing Form I-9. This form is not filed with USCIS or any government agency. Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the Privacy Act Notice below.

USCIS Forms and Information

To order USCIS forms, you can download them from our website at www.uscis.gov/forms or call our toll-free number at 1-800-870-3676. You can obtain information about Form I-9 from our website at www.uscis.gov or by calling 1-888-464-4218.

Information about E-Verify, a free and voluntary program that allows participating employers to electronically verify the employment eligibility of their newly hired employees, can be obtained from our website at www.uscis.gov/e-verify or by calling 1-888-464-4218.

General information on immigration laws, regulations, and procedures can be obtained by telephoning our National Customer Service Center at 1-800-375-5283 or visiting our Internet website at www.uscis.gov.

Photocopying and Retaining Form I-9

A blank Form I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed Form I-9s for three years after the date of hire or one year after the date employment ends, whichever is later.

Form I-9 may be signed and retained electronically, as authorized in Department of Homeland Security regulations at 8 CFR 274a.2.

Privacy Act Notice

The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by authorized officials of the Department of Homeland Security, Department of Labor, and Office of Special Counsel for Immigration-Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 12 minutes per response, including the time for reviewing instructions and completing and submitting the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., 3rd Floor, Suite 3008, Washington, DC 20529-2210. OMB No. 1615-0047. **Do not mail your completed Form I-9 to this address.**

Form I-9, Employment Eligibility Verification

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 documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification (To be completed and signed by employee at the time employment begins.)

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

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 #) _____
- An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year)

Employee's Signature	Date (month/day/year)
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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.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

Section 2. Employer Review and Verification (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)

Section 3. Updating and Reverification (To be completed and signed by employer.)

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)
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C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: _____	Document #: _____	Expiration Date (if any): _____
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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	Date (month/day/year)
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

LIST A

Documents that Establish Both
Identity and Employment
Authorization

LIST B

Documents that Establish
Identity

LIST C

Documents that Establish
Employment Authorization

	OR	AND
1. U.S. Passport or U.S. Passport Card	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	1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa	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. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)	3. School ID card with a photograph	4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form	4. Voter's registration card	
	5. U.S. Military card or draft record	5. Native American tribal document
	6. Military dependent's ID card	
	7. U.S. Coast Guard Merchant Mariner Card	6. U.S. Citizen ID Card (Form I-197)
	8. Native American tribal document	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
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	9. Driver's license issued by a Canadian government authority	8. Employment authorization document issued by the Department of Homeland Security
	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	

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)



Grievance/Complaint Process
WIA, TAA, WT and FSET Programs

Tampa Bay WorkForce Alliance strives to provide excellent customer service to all program customers. If you feel you have been treated unfairly at anytime during your association with Tampa Bay WorkForce Alliance, the following is the local procedure for filing a complaint. Please initial each step as acknowledgement of this procedure.

- _____ 1. I will first discuss my pending issue with my Tampa Bay WorkForce Alliance staff member for resolution.
- _____ 2. If my situation is still not resolved satisfactorily, I shall be referred to the appropriate Tampa Bay WorkForce Alliance Supervisor, who will assist me in resolving my situation.
- _____ 3. If the Tampa Bay WorkForce Alliance Supervisor is unable to assist, I shall be referred to the appropriate Tampa Bay WorkForce Alliance Program Specialist to review my case and assist me in resolving my situation.
- _____ 4. If the Tampa Bay WorkForce Alliance Program Specialist is unable to assist and the problem cannot be resolved, I will complete a formal grievance form or submit a letter of grievance to Mr. Edward Peachey, President/CEO, Tampa Bay WorkForce Alliance, 5701 E. Hillsborough Ave., Suite 1419, Tampa, FL 33610, for investigation. I will receive notification of formal hearing within 20 working days of receipt of formal grievance.
- _____ 5. For complaints not satisfied at the local regional level or if a written decision is not provided to me within 60 days of filing, I may file an appeal with the state Agency for Workforce Innovation (AWI), Office of General Counsel, Caldwell Building – Suite 150, 107 East Madison Building, Tallahassee, FL. 32399-4128. Appeals with AWI should be filed within 30 calendar days of receipt of the RWB’s decision.
- _____ 6. Discrimination, employment, health and safety, criminal fraud and abuse complaints shall be submitted to the Administrative Entity on behalf of the Regional Workforce Board to forward to the appropriate state and/or federal agencies or can be submitted directly to the appropriate government agency. The One-Stop Center provides addresses for the state and/or federal agencies upon request.
- _____ 7. If my complaint is the result of a negative change of my cash assistance and/or food stamp benefits, I will be advised by my Tampa Bay WorkForce Alliance staff member to request a Fair Hearing with the Department of Children and Families (DCF). All cash assistance eligibility or benefit entitlement grievances/complaints will be filed with DCF 1-866-762-2237.

By initialing the above statements, I agree to adhere to the procedures set forth by the Tampa Bay WorkForce Alliance Grievance/Complaint Policy. I agree to do my best to resolve any issues I may have directly with my Tampa Bay WorkForce Alliance Specialist and if I still am not satisfied, I understand I may file an appeal.

EQUAL OPPORTUNITY IS THE LAW

Tampa Bay WorkForce Alliance is prohibited from discriminating on the grounds of race, color, religion, sex, national origin, age, disability, political affiliation or belief, and for beneficiaries’ only, citizenship or participation in Workforce programs, in admission or access to opportunity or treatment in, or employment in the administration of or in connection with, any Workforce program or activity. If you think that you have been subjected to discrimination under a Workforce program or activity, you may file a complaint within 180 days from the date of the alleged violation with the recipient’s Equal Opportunity Officer (or the person designated for this purpose).

- 1) Director, Office of Civil Rights and Minority Affairs OR 2) Director, Directorates of Civil Rights**
- 107 East Madison Street, Caldwell Building, MSC 150 U.S. Department of Labor**
- Tallahassee, Florida 32399-2250 200 Constitution Ave N, Rm N-4123**
- Washington, DC 20210**

If you elect to file your complaint with the recipient, you must wait until the recipient issues a decision or until 60 days have passed, whichever is sooner, before filing with DCR (see address above). If the recipient has not provided you with a written decision within 60 days of the filing of the complaint, you need not wait for a decision to be issued, but may file a complaint with DCR within 30 days of the expiration of the 60 day period. If you are dissatisfied with the recipient’s resolution of your complaint, you may file a complaint with DCR. Such complaint must be filed within 30 days of the date you received notice of the recipient’s proposed resolution.

Customer Signature: _____ Date: _____

Tampa Bay WorkForce Alliance is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. All voice telephone numbers listed may be reached by persons using TTY/TDD equipment via the Florida Relay Service at 711



TAMPA BAY
WorkForce Alliance

TALENT RELEASE

WIA Youth Services

I, _____ (*print name*) the undersigned, release usage of my participation and photographic images for use in advertising and merchandising materials created by Tampa Bay Workforce Alliance. As the undersigned, I agree to and understand that my image will be used in printed materials and in video presentations, and may be used in television commercials, and/or training presentations. As the undersigned, I also attest to relinquishing any further claim for compensation for the right of Tampa Bay Workforce Alliance to use my photographic images.

Participant's Signature

Date

Parent/Guardian's Signature (if applicable)

Date

Contact Information:

Address _____

City _____ State _____ Zip _____

Home Phone _____ Business _____



RELEASE OF CONFIDENTIAL INFORMATION

I, _____, a participant in the Youth Program of Tampa Bay Workforce Alliance hereby authorize the release of confidential information to the employers, representatives, or agents of Tampa Bay Workforce Alliance Youth Program. The representatives of Tampa Bay Workforce Alliance are authorized by me to obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions to include school records, testing and assessment scores, as well as, attendance information.

I understand that this information will be utilized in assisting me with decisions regarding my education and career choices while I am a participant in the Youth Program. I hereby waive any and all rights and claims I may have to privacy regarding the employer, its agents, employees or representatives for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I further understand that this release will be effective during the length of my participation in the Youth Program and up to two (2) years following completion of the program in order to assist the staff with their follow-up procedures.

Participant's Signature

Date

XXX-XX-

Participant's Social Security Number

Participant/Guardian's Signature

Date

TBWA Career Manager's Signature

Date