

Return application and documents to: MassHire Berkshire Career Center 160 North Street, Pittsfield, MA 01201.

Application deadline: May 31st

Employment counselors are available Tuesdays and Thursday 2:00-4:00
Walk-In at MassHire Berkshire Career Center!

YOUTH WORKS APPLICATION
COMPLETE PAGES: 2-19
KEEP PAGES: 20-28



160 North Street 3rd Floor Pittsfield, MA 01201

**COMMONWEALTH
CORPORATION**

Go to masshireberkshirecc.com for updates OR follow us on
FACEBOOK



**MassHire Berkshire Career
Center Youth Department**

APPLICANT NAME and AGE _____

Check off the **Tier** that applies to your age group and interest. Detailed descriptions are provided on the last couple of pages for applicants to keep. (Pgs. 26-28)

- The applicant will have to be the required age on or before the start date of the program which is **July 5th, 2023.**

Example: If an applicant turns 16 years old on July 6th, the applicant would be in Tier 1.

Example: If the applicant will be turning 16 years old by July 5th, the applicant can be in Tier 2.

- ☐ **Tier 1:** (14- and 15-Year-old)

Project-Based Learning Offerings

- ☐ **Tier 2:** (16+)

Worksite Placements at local employer

- ☐ **Tier 2:** (17 +)

Project Based Learning at BCC (Tuesdays and Thursdays 8 hours) + Work Experience with a local employer.

- ☐ **Tier 3:** (18-21)

Worksite Placements + Career Pathway training

RCA Nursing Position + CNA+ LPN (Must have HS credential) will need to have application to McCann Tech by June 1st

16 hours of Goodwill training + Worksite Placement

- ☐ **Tier 3:** (17-21)

Peer Leadership Position – Send letter of interest.

- ☐ **Tier 4:** (22-25)

Worksite Placement + Career Pathway Training+ On the Job Training

(Refer to Tier 3)

APPLICANT NAME and AGE _____

The Youth Works Application is to be completed by YOUTH WORKS APPLICANT*Have you participated in the Youth Works program? YES or NO***Personal email (Youth Works Participant): Your alternate email address: **Current age: **Participant Information- |****First name (name you prefer to be called):

Legal first name (if different from preferred first name) (your official first name for hiring documents):

Last name: **Date of birth: **Participant Information- |Address: City: State: Zip code: Phone number (Youth Works Participant): Secondary phone number: **Parent/Guardian Information (if under 18) |**If Under 18: Name of Parent/Guardian: Parent/Guardian email: Parent/Guardian phone number: **Emergency Contact (if different from parent/guardian) |**Name of emergency contact: Phone number for emergency contact: **Participant Information- |**

APPLICANT NAME and AGE _____

***Ethnicity:** ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown ☐ Not Disclosed

***What race do you identify with (check all that apply)**

- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ American Indian or Alaska Native
- ☐ White
- ☐ Multi-Race
- ☐ Not Disclosed
- ☐ Unknown
- ☐ Other If other, please specify:

Please list all languages that are spoken in your home.

***Gender**

- ☐ Female
- ☐ Male
- ☐ Non-Binary
- ☐ Unknown/Not Disclosed

Pronouns (choose from list or write in) (optional)

Do you currently have your own bank account? You will be receiving bi-weekly pay checks, and we recommend applicants open one.

- ☐ Yes
- ☐ No

APPLICANT NAME and AGE _____

School Information |***Current school*****Highest grade completed**

- ☐ Grade 06
- ☐ Grade 07
- ☐ Grade 08
- ☐ Grade 09
- ☐ Grade 10
- ☐ Grade 11
- ☐ Grade 12

***School Enrollment Status**

- ☐ Currently in school
- ☐ Graduated
- ☐ Unenrolled
- ☐ Enrolled in HiSET
- ☐ Completed HiSET
- ☐ Postsecondary leading to degree
- ☐ Postsecondary leading to certificate
- ☐ Interested in Enrolling in HiSET/ GED program

Local Program Grant Eligibility

If you or your family receive any of the following, please place a check and return documentation with the application.

- ☐ TAFDC (Cash Assistance)
- ☐ SNAP (Food Stamps)
- ☐ SSI/ SSDI
- ☐ DCF/ Foster Care benefits
- ☐ Within the 200% Poverty Guidelines (Guideline sheet enclosed)
- ☐ Other
- ☐ No

APPLICANT NAME and AGE _____

Some of our program funding is targeted towards youth who have been in **foster care, have housing insecurity or homelessness, are no longer in school, or are court-involved**. Do any of these situations apply to you? Please note that your answer is kept confidential and does not affect your eligibility for the program. Please check all that apply and provide documentation for eligibility or self-attestation.

- ☐ Homelessness
- ☐ Foster Youth
- ☐ Poor academics
- ☐ Substance dependent
- ☐ Single working parent
- ☐ Limited English Skills
- ☐ Teen Parent
- ☐ Juvenile arrest
- ☐ Court-involved, gang-involved, probation, CHINS
- ☐ Disability /IEP
- ☐ Former Foster Youth who has aged out
- ☐ DYS Committed, CRA or DCF involved

Do you currently or have you in the past been enrolled in any of the following school programs or received any of the following services in school:

- ☐ Career/Vocational Technical Education Program
- ☐ Innovation Pathway
- ☐ Early College Pathway
- ☐ English Language Learner classes
- ☐ IEP
- ☐ 504 Plan
- ☐ None of the above
- ☐ Other

Important Participant Questions

Some worksites/ schools may require workers to be vaccinated. For placement purposes, please let us know your status.

- ☐ Fully Vaccinated
- ☐ Not Vaccinated
- ☐ Do not want to disclose

How will you get to a job? (Check all that you might use)

APPLICANT NAME and AGE _____

- ☐ Walk
- ☐ Bus
- ☐ Get a Ride
- ☐ Bicycle
- ☐ Other

Do you have your Driver's License and Insurance?

Indicate all the technology resources that you can currently access. Please note that lack of technology access will not impact your chances of being included in programming.

- ☐ Chromebook ☐ Internet Access ☐ Personal laptop or desktop computer ☐ Smart phone
☐ Tablet

There will be a requirement of online 1x week (Virtual Case Management) work readiness, Career chats, and virtual programming for all Tier's.

Do you need to borrow a computer? YES or NO

Do you have Wi-Fi Stable Internet? YES or NO

Do you Need Wi-Fi? YES or NO

Personal Statement | Interest

(For youth applying for Tier 3 and 4) Do you have previous work experience? Please explain all past work experiences. Feel free to provide a resume or attach an additional document:

Each year, Youth Works provides opportunities for participants to gain work experience, earn money, and provide valuable work for organizations and businesses throughout the community. PLEASE TELL US ABOUT YOURSELF, including the strengths and skills you can bring to this program and any goals you would like to accomplish through this program.

Do you have any skills that you could use in a job, such as sports, teaching skills, computer skills or artistic skills? Please describe.

APPLICANT NAME and AGE _____

What type of job would you like to do? (Working with children, outside, in an office, etc.)

Below are some of the things that have been offered at our worksites! Please circle your interests!

| | | | | | |
|----------------|--------------|------------------|----------------------------------|--------------|-------------------|
| Childcare | Housekeeping | Laborer | Peer Leadership | Gardening | Outdoor/ Yardwork |
| Animal Care | Office Work | Warehouse | Community Service Work | Healthcare | Education |
| Maintenance | Construction | Facilitating | Food Service | Social media | IT/ Tech |
| Camp Counselor | Custodial | Retail and Sales | Loading Trucks/ Stocking Shelves | | |

If there is something you are interested in that it not on this list, please share!

Signatures

Participant Name:

Date:

I attest that the information provided by me on this document is true.

Youth Works Participant:

I hereby consent to the above child participating in the Youth Works program at MassHire Berkshire Career Center. I give staff at MassHire Berkshire Career Center permission to place this child in project-based learning opportunities, worksite placement, and or training. Program details descriptions have been provided to the participant. I understand that the above child will be provided a worksite location, and receive training prior to placement.

Parent Guardian (If under 18):

Youth Services Coordinator review and sign:

APPLICANT NAME and AGE _____

| |
|---------------------------------|
| APPLICANT STATEMENT FORM |
|---------------------------------|

I certify, under penalty of perjury that I _____

(If applicant cannot obtain a satisfactory witness or provide a telephone contact, explain above.)

Applicant's Signature _____ Date _____

Applicant Address, City, State, Zip _____

Corroborating Witness Signature _____ Date _____

Witness' Relationship to Applicant _____

| |
|------------------------|
| Office Use Only |
|------------------------|

The above applicant statement is being utilized for documentation of the following eligibility criteria:

Staff Signature Kelly Govee-Shrock

Date _____

APPLICANT NAME and AGE _____

***MassHire Berkshire Career Center
Youth Services Department
160 North Street, Pittsfield MA 01201
Tel: (413) 499-2220 Fax: 447-7350***

Release of Information

Enrollee's Name: _____ Moses ID: _____

Applicant Address: _____ Date of Birth: _____

Release of Information

- ☐ Agree
☐ Do not agree

I, undersigned, hereby authorize the Youth Services Department at MassHire Berkshire Career Center to share with and obtain from other entities confidential information concerning myself for the purpose of providing me with services or benefits. I further understand that if I do not sign this release, I may be unable to receive services or benefits that I seek.

Media Permission

- ☐ Agree
☐ Do not agree

I give permission for photographs of my child/myself to be taken while participating in MassHire Youth Programs. These photographs may be used in newsletters, brochures, newspapers, TV shows or other MassHire promotional /public relations publications.

Parent/ Guardian Permission (If under 18 years of age)

- ☐ Agree
☐ Do not agree

I, undersigned, give my child permission to participate in MassHire Berkshire Career Center's Youth Services Department's Youth Programs and other funded Youth Programs.

Parent/ Guardian Signature

Date

Enrollee if 18 years or older

Date

APPLICANT NAME and AGE _____

***Media Permission Form
MassHire Berkshire Career Center
Youth Services Department
160 North Street, Pittsfield MA 01201
Tel: (413) 499-2220 Fax: 447-7350***

Enrollee's Name: _____

Youth Program Site: _____

I give permission for photographs of my child/myself to be taken while participating in the MassHire's Youth Program. These photographs may be used in newsletters, brochures, newspapers, TV shows or other MassHire Berkshire Career center promotional/public relations publications.

Parent/Guardian Signature_____
Date_____
Enrollee if 18 years or older_____
Date

I do not want any photographs of my child used in any type of media.

Parent/Guardian Signature_____
Date

APPLICANT NAME and AGE _____

Receipt of WIOA Grievance Procedures

I hereby certify that I have received information regarding my rights to Equal Opportunity/Nondiscrimination and how to file a grievance, including a copy of the Equal Opportunity is the Law notice and how to file a WIOA Complaint and Grievance.

Signature_____
Date_____
Print Name

MassHire Berkshire Career Center Staff Only

*Kelly Groves-Skrocki*_____
MHBCC Witness_____
DateKelly Groves-Skrocki
Print Name

APPLICANT NAME and AGE _____

Information Acknowledgement and Youth Participant Contract and Termination Letter

*MassHire Berkshire Career Center
Youth Services Department
160 North Street, Pittsfield MA 01201
Tel: (413) 499-2220 Fax: 447-7350*

Dear _____,

This is to inform you that the Youth Program you are enrolled in is a training program.

Availability of state/federal funds: Programming is contingent upon continuing receipt of federal and state funds under the applicable provisions established by the Commonwealth of Massachusetts and the United States Department of Labor. In the event that the funds are canceled for any reason, the services, task or subsidized shadowing/ internships/ work experiences contracted for under this agreement shall be automatically terminated.

I am aware and the effect that the “availability of funds” might have on it.

As a participant in the Youth Programs through BTE Inc, that offer employment opportunities, I attest that I will work to my fullest potential in meeting the requirements of the program and my job responsibilities and demonstrate the upmost respect for my supervisor (s), colleagues, fellow participants, and program staff.

I understand that participation in the work program is a privilege and therefore my inability to meet the abovementioned expectations will result in my termination from the program.

I have received a thorough explanation of BTE’s enrollment and assessment process.

My rights and benefits have been explained to me and I have received a copy of the MassHire Berkshire Career Center Grievance Procedure Equality Opportunity Statement. I understand how to file a complaint.

Participant’s Signature

Date

Kelly Groves-Sbrocki

BTE Inc., MassHire Berkshire Career Center Youth Services Coordinator

APPLICANT NAME and AGE _____

MASSHIRE BERKSHIRE CAREER CENTER
CUSTOMER CODE OF CONDUCT

MassHire Berkshire Career Center is committed to providing you with prompt, professional, and courteous service. In order to meet this commitment, we ask that you partner with us and adhere to the following guidelines:

- Appropriate behavior is always appreciated to ensure a safe and professional environment for everyone.
- Please speak quietly, avoid interfering or disturbing others, and use headphones when using any audio.
- Do not interfere with Career Center staff in the performance of their duties and respect staff decisions.
- Offensive odors/fragrances and unsafe/offensive behaviors are prohibited, including but not limited to: use of foul, offensive or threatening language and gestures, harassment, drunkenness, drug usage, sale or exchange of alcohol or drugs, illegal gambling, loud talking and laughing, running, pushing, fighting, sleeping, staring, stalking, soliciting, loitering, littering, bringing in weapons, and damaging property.
- Using cellular phones or other electronic devices in a manner that disturbs others is prohibited.
- The Career Center is not responsible for the care and supervision of children, so please keep your children with you and under your control at all times for their safety and the safety of others. However, please note that children are not allowed in the resource room, seminars or workshops to ensure a professional environment.
- There may be a two hour limit on resource room computers during times of heavy usage, and the MHBCC telephone calls at the designated telephone should be limited to ten minutes. All technology is to be used for Job Search Purposes ONLY.
- Do not download personal files, change or install software or hardware on computers. Always log out of email accounts and please note that computers are monitored for appropriate usage.
- The Career Center is not responsible for lost or stolen personal items; please keep them with you at all times.
- Pets are not permitted in the Career Center except for service animals.
- Customers shall be fully clothed, including footwear, while on the premises. Sunglasses, hats, or clothing that may be considered inappropriate or offensive.
- Customers shall maintain a generally acceptable standard of personal hygiene.
- The Career Center is a smoke-free establishment, please refrain from smoking on the premises and in areas immediately adjacent to entrances and exits.
- The consumption of food and drink on the premises is not permitted. Agency staff reserve the right to request that you discard beverages that have the potential to damage Agency property.
- Solicitation of funds, distribution of literature or promotional material or sale of goods is not allowed by any customer or agency except by the expressed permission of Career Center management.
- Career Center staff reserve the right to request proper personal identification. Failure to provide identification may lead to removal from the Career Center.

By signing below, I agree to abide by the above policies and procedures established by MassHire Berkshire Career Center. I understand that failure to comply with this agreement may result in my immediate dismissal and possible indefinite suspension from MassHire Berkshire Career Center.

Please Print Name _____

Date: _____

Signature: _____

MOSES ID: _____

160 North Street

YOUTH WORK – DOCUMENTATION FORM

Participant - Signature

I9

W4

Auto Draft

APPLICANT NAME and AGE _____

| | | | |
|---|---|-----------|---|
| Form W-4 Department of the Treasury Internal Revenue Service | Employee's Withholding Certificate | | OMB No. 1545-0074 |
| | Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Give Form W-4 to your employer. Your withholding is subject to review by the IRS. | | |
| Step 1: Enter Personal Information | (a) First name and middle initial | Last name | (b) Social security number |
| | Address | | Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov . |
| | City or town, state, and ZIP code | | |
| | (c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.) | | |

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, other details, and privacy.

| | |
|--|---|
| Step 2: Multiple Jobs or Spouse Works | Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs. Do only one of the following. (a) Reserved for future use. (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; or (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate <input type="checkbox"/> TIP: If you have self-employment income, see page 2. |
|--|---|

Complete Steps 3–4(b) on Form W-4 for only **ONE** of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

| | | | |
|--|--|-------------|----------|
| Step 3: Claim Dependent and Other Credits | If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 \$ _____ Multiply the number of other dependents by \$500 \$ _____ Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here | 3 | \$ _____ |
| Step 4 (optional): Other Adjustments | (a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income | 4(a) | \$ _____ |
| | (b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here | 4(b) | \$ _____ |
| | (c) Extra withholding. Enter any additional tax you want withheld each pay period . . | 4(c) | \$ _____ |

| | | | |
|------------------------------------|--|--------------------------|--------------------------------------|
| Step 5: Sign Here | Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete. | | |
| | Employee's signature (This form is not valid unless you sign it.) | | Date |
| Employers Only | Employer's name and address | First date of employment | Employer identification number (EIN) |

For Privacy Act and Paperwork Reduction Act Notice, see page 3.

Cat. No. 10220Q

Form **W-4** (2023)

APPLICANT NAME and AGE _____



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 (See instructions) | |
| <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. (See instructions) | |
| 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. 1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____ | QR Code - Section 1 Do Not Write in This Space |

| | |
|-----------------------|---------------------------|
| Signature of Employee | Today's Date (mm/dd/yyyy) |
|-----------------------|---------------------------|

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 |



Employer Completes Next Page



APPLICANT NAME and AGE _____



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 |
|-------------------------------------|-------------------------|-------------------------|------|--------------------------------|

| 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 | | <div style="display: flex;"> <div style="flex: 1;"> Additional Information </div> <div style="flex: 1; border: 1px solid black; padding: 5px;"> QR Code - Sections 2 & 3 Do Not Write In This Space </div> </div> | | |
| 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) |
|----------------|-----------------|---------------------------------------|

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 |
|--|---------------------------|---|

APPLICANT NAME and AGE _____

DIRECT DEPOSIT AUTHORIZATION FORM

NAME: _____

NAME OF BANK/ INSTITUTION: _____

BANK ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

ACCOUNT TYPE: _____

SIGNATURE: _____

APPLICANT NAME and AGE _____

THANK YOU FOR COMPLETING THE AYOUTH WORKS APPLICATION!

MAKE SURE TO RETURN THE APPLICATION WITH THE REQUIRE DOCUMENTATION

EVERYTHING IS LISTED ON THE FOLLOWINF PAGES FOR YOU TO KEEP

APPLICANT NAME and AGE _____

What is Youth Works?

Youth Works is a state-funded youth employment program that helps teens and young adults get the skills and experience needed to find and keep jobs. Participants take part in paid short-term work placements during the summer and/or school year at public, private, and nonprofit worksites.

Participants also receive training in soft skills to practice professional behaviors and learn how to relate to supervisors and co-workers at their worksites. And they learn how to take the next steps in their education and career pathways. All Youth Works programs use the Signal Success curriculum to help young people learn and practice the skills that matter at work, school, and in life.

What are the eligibility requirements?

AGE. A youth is eligible to participate in the Youth Works program if he/she is between the ages of 14 and 25 at least some time during the period of programming.

INCOME. a participating youth must have a family income for the most recent six-month period that does not exceed 200% of the federal poverty level. **Income guidelines are provided.**

OTHER FACTORS. Our program funding also asks that we serve youth with a variety of different factors, and we may ask for information about documentation about these factors for **Eligibility**. This information is located on the application.

GETTING STARTED. Complete paper application. Return the application along with the following documents following instructions below. Applicant will be contacted via email/ phone for next steps. **Youth will be contacted between April-May with next steps! Applicant won't know about placement until end of May early June.**

What paperwork will I need?

Applicant will be asked to provide copies of the following documents with the **Application**.

Two Copies of Identification for Payroll, and other documents for eligibility. See **List of Acceptable Documents for Payroll if needed.**

- Social Security Card
- Photo ID
- Proof of barrier or completed and signed Applicant statement if there is an additional barrier
- Proof of household income (may be from Food Stamp/ Cash Assistance Verification, SSI/ SSDI)
- If under 18 you will need a birth certificate for Work Permit
- Work Permit if under 18 (MassHire fills out the Employer section which is attached, applicant brings the signed doc to their school to complete. Document has to be returned to MassHire.)
- Physicians Signature on Work Permit if 14/15
- Print out of Direct Deposit info from Bank

What do I do after I have completed the application, and collected all the docs?

APPLICANT NAME and AGE _____

- Applicant will be asked to drop off application to **160 North Street, Pittsfield, MA, 3rd Floor.**
- Applications can be handed to the person at the front desk. ALL youth will be contacted by email with orientation dates (These may occur in person or by zoom)
- Applications can be mailed or dropped off- **Do not fax or email**. Make sure that all required documents are included with the application.
- **All eligibility documents, and signatures must be included with the application.**
- **Program staff are available to help participants complete applications. Please check www.masshireberkshirecc.com for dates and times if unsure!**
- Participants will be contacted by phone/ email (at a later date) regarding program details/ placement, and orientation.

MassHire Employment counselors will put in as much effort to contact participants through the information that is provided on the application. After several failed attempts, the application will be archived.

(Keep this paper)

APPLICANT NAME and AGE _____

(Keep this paper)**POVERTY Guidelines (Income)****2022 Poverty Guidelines for the 48 Contiguous United States**

| Family Size | Annual Income | | Monthly Income | |
|--------------------------------|---------------|--------------------|----------------|--------------------|
| | Poverty Level | 200% Poverty Level | Poverty Level | 200% Poverty Level |
| 1 | \$13,590 | \$27,180 | \$1,133 | \$2,265 |
| 2 | \$18,310 | \$36,620 | \$1,526 | \$3,052 |
| 3 | \$23,030 | \$46,060 | \$1,919 | \$3,838 |
| 4 | \$27,750 | \$55,500 | \$2,313 | \$4,625 |
| 5 | \$32,470 | \$64,940 | \$2,706 | \$5,412 |
| 6 | \$37,190 | \$74,380 | \$3,099 | \$6,198 |
| 7 | \$41,910 | \$83,820 | \$3,493 | \$6,985 |
| 8 | \$46,630 | \$93,260 | \$3,886 | \$7,772 |
| Each additional family member: | \$4,720 | \$9,440 | \$393 | \$787 |

Note: Poverty guidelines are updated periodically in the *Federal Register* by the U.S. Department of Health and Human Services under the authority of 42 U.S.C. § 9902(2). The guidelines for 2022 went in effect as of January 12, 2022. The Federal Register notice was published January 21, 2022 and can be viewed at : <https://www.federalregister.gov/documents/2022/01/21/2022-01166/annual-update-of-the-hhs-poverty-guidelines>

APPLICANT NAME and AGE _____

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"> U.S. Passport or U.S. Passport Card Permanent Resident Card or Alien Registration Receipt Card (Form I-551) Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa Employment Authorization Document that contains a photograph (Form I-766) For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> Foreign passport; and Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> The same name as the passport; and 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. 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"> 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 | | <ol style="list-style-type: none"> A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> NOT VALID FOR EMPLOYMENT VALID FOR WORK ONLY WITH INS AUTHORIZATION VALID FOR WORK ONLY WITH DHS AUTHORIZATION |
| | | <ol style="list-style-type: none"> 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 | | <ol style="list-style-type: none"> Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) |
| | | <ol style="list-style-type: none"> School ID card with a photograph | | <ol style="list-style-type: none"> Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal |
| | | <ol style="list-style-type: none"> Voter's registration card | | |
| | | <ol style="list-style-type: none"> U.S. Military card or draft record | | |
| | | <ol style="list-style-type: none"> Military dependent's ID card | | |
| | | <ol style="list-style-type: none"> U.S. Coast Guard Merchant Mariner Card | | <ol style="list-style-type: none"> Native American tribal document |
| | | <ol style="list-style-type: none"> Native American tribal document | | <ol style="list-style-type: none"> U.S. Citizen ID Card (Form I-197) |
| | | <ol style="list-style-type: none"> Driver's license issued by a Canadian government authority | | <ol style="list-style-type: none"> Identification Card for Use of Resident Citizen in the United States (Form I-179) |
| | | <p>For persons under age 18 who are unable to present a document listed above:</p> | | |
| | | <ol style="list-style-type: none"> School record or report card | | |
| | | <ol style="list-style-type: none"> Clinic, doctor, or hospital record | | |
| | | <ol style="list-style-type: none"> Day-care or nursery school record | | <ol style="list-style-type: none"> 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.

APPLICANT NAME and AGE _____

EQUAL OPPORTUNITY IS THE LAW

MassHire Berkshire Career Center 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 programs funded under the Workforce Innovation and Opportunity Act (WIOA) of 2014 in admission or access to, opportunity or treatment in, or employment in the administration of or in connection with any, WIOA funded program or activity. If you think you have been subjected to discrimination under a WIOA funded 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), or you may file a complaint directly with the Director, Directorate of Civil Rights (DCR):

Pamela Wojtkowski

or

Director

Complaint Officer

Director or Civil Rights

MassHire Berkshire Career Center

U.S. Department of Labor

160 North Street

200 Constitution Avenue

Pittsfield, MA 01201

Washington, D.C. 2021

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 written decision with 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 a complaint must be filed within 20 days of the date you received notice of the recipient's proposed resolution.

APPLICANT NAME and AGE _____

WIOA COMPLAINTS/GRIEVANCES
WIOA GRIEVANCES

This recipient is required to comply with provisions of the Workforce Innovation and Opportunity Act (WIOA), its regulations, grants or other agreements. If you have a complaint or grievance about this recipient's

program (s) or activities which does not involve questions of equal opportunity or criminal activity, you may file a complaint within one year from the date of the alleged violation with the recipient's Grievance Officer:

Pamela Wojtkowski, Complaint Officer
MassHire Berkshire Career Center
160 North Street
Pittsfield, MA 01201
Telephone: 413.499.2220

A hearing on the grievance shall be conducted within 30 days after the filing of the grievance and a decision shall be made no later than 60 days after the grievance is filed. If the Primary Operator does not provide a decision within 60 days, you may request a review by the Department of Career Services (DCS) Staff Monitor Advocate within 15 days of the date you were entitled a decision. If you are dissatisfied with the Primary Operator's decision, within 10 days of receipt of the decision, you may request a review by the DCS Staff Monitor Advocate:

Jose Ocasio, Staff Monitor Advocate
Department of Career Services
Charles F. Hurley Building
19 Staniford Street, 1st Floor ESPF
Boston, MA 02214

If you do not receive a decision by the DCS Staff Monitor Advocate within 30 days, within 15 days of the date you were entitled to a decision you may request a review by the U.S Department of Labor:

U.S Department of Labor, Region 1
Employment and Training Administration
One Congress Street
Boston, MA 02203

CRIMINAL COMPLAINTS

All information and complaints involving fraud, waste, abuse or criminal activity shall be reported directly and immediately to the United States Department of Labor's Office of the Inspector General, Office of Investigation, 200 Constitution Avenue, Room S-5514, Washington, DC 20210

APPLICANT NAME and AGE _____

Program descriptions:

Project Based Learning (PBLs): is an instructional methodology encouraging participants to learn by applying the knowledge and skills acquired via programming to have an engaging learning experience through group project-based activities. All program hours are PAID. Youth who are enrolled will receive a detailed schedule.

Project-Based Learning Offerings (14- and 15-Year-old)

- **Work Readiness Training:** June 27th to June 30th **Time and place TBD**
- **Re-Convene for Work Readiness:** July 24th and August 4th
- **Start Date:** July 5th, 2023
- **End Date:** August 25th
- **Hourly Wage:** \$15.00/ Hr.

MassHire Berkshire Career Center and Goodwill Industries will offer 14- and 15-year-old participants Career Exploration activities using the Conover MECA System, job shadowing, and other activities in Pittsfield and North Adams. The MECA system is an age-appropriate transition, career exploration, career assessment and vocational assessment system related to training, education, and employment. MECA provides hands on tools, work samples, career planners, interest indicators, and Learning Assessment Programs.

Participants will participate in hands on career exploration using MECA work samples which consist of specific models of actual parts of a job. Samples include objects that participants will explore, using specific career related hardware within each kit. Each MECA kit provides online material, 3 work samples in each area, presentations, and video clips.

During the program, participants will explore Food Service, Cosmetology, Construction, Graphic Design, Healthcare, and Horticulture. The group will meet Tuesday through Thursday. Below outlines a basic schedule.

- Tuesday: Pick one of the 4 stations. Explore physical contents of the work kit, complete work samples in groups. (Each week youth will rotate to a different station)
- Wednesday: Worksite Wednesday – Participants visit a Career.
- Thursday: Community Speaker and Case Management
- Friday: Labor Market Information and Project Development

Work-Based Learning is the foundation of the Early and Career Trajectory Experiences (Tier 2) and a key component across the other program tiers. These placements are designed to match participants with subsidized employment

opportunities that foster transferable skills. Whether the placement is a participant's first job or an opportunity to build on previous work experience, Youth Works subsidized placements are work-based learning opportunities with the rigor and authenticity of paid employment realities and responsibilities. While traditionally, these placements are conducted entirely in-person, many can translate into strong

Worksite Placements (16- and 17-Year-old)

- **Work Readiness:** June 18th to June 23rd **Time and place TBD**
- **Re-Convene for Work Readiness:** July 24th and August 4th
- **Start Date:** July 5th, 2023
- **End Date:** August 25th or Sept 1st
- **Hourly Wage:** \$16.50/ Hr

APPLICANT NAME and AGE _____

online and hybrid options if needed. All program hours are PAID. Once placed, Employment Counselors will coordinate a meeting with participant and Employer, from there the youth will receive their schedule. All schedules are different based on worksites, schedules, and interests.

17 + Project Based Learning at BCC (Tuesdays and Thursdays 8 hours) + Work Experience with a local employer.

In the Berkshire Science Commons Makerspace at Berkshire Community College, Youth Works participants will develop practical insight into making new products and gain hands-on experience in Science, Technology, Engineering, Art, and Math (STEAM). This group will gain new experience in applying new principles and will work on designing and developing an authentic prototype to assist in the real-world process of scientific inquiry. Participants will learn about makerspace safety product design, introduction to lasers for cutting and etching wood, introduction to project parameters VVROBO strand, the engineering design process, and explain and demonstrate knowledge of the design process.

Career Pathway 18-21:

- **Work Readiness:** June 13th to June 16th **Time and place TBD**
- **Re-Convene for Work Readiness:** July 24th and August 4th
- **Start Date:** TBD
- **End Date:** Sept 1st
- **Hourly Wage:** \$17.50/ Hour

Masshire has partnered with Goodwill Industries, Integritis Healthcare, and Berkshire Community College to ensure that participants are placed in training and employment!

Youth in this age range will have an opportunity to get PAID to train, and work at the same time!

Peer Leader Position for returning Youth Works participants: 18-21

- **Work Readiness:** June 13th to June 16th **Time and place TBD**
- **Re-Convene for Work Readiness:** July 24th and August 4th
- **Start Date:** June 1st
- **End Date:** Sept 1st
- **Hourly Wage:** \$17.50 / Hour

One of the most promising practices across the Youth Works program is the strategic use of peer leaders. Peer leadership roles provide opportunities for returning and/or older participants to practice leadership and project management skills, while also serving as peer mentors to younger participants. The peer leaders also support staff implementation tasks while also benefiting from the learning components of the program.

APPLICANT NAME and AGE _____

We have 5 Peer Leaders positions available to assist with the facilitation of Project Based Learning, and Work Readiness for 14/15-Year-old participants. There will be 4 located at MassHire Berkshire Career Center and 1 at located at Goodwill in North Adams. Peer Leaders will start their Peer Leader training Orientation on June 1st and 2nd and become familiar with Conover, the MECA system throughout the month of June. Peer Leaders will learn to develop positive supportive relationships with the Youth Works participants in both Project Based Learning Programs: virtually, and in a group setting. To request a more detailed job description and to apply for a **Peer Leadership position**, send a letter of interest to

kskrocki@masshireberkshirecc.com.

Emerging Workforce: 22-25

- **Work Readiness:** - June 13th to June 16th
- **Start Date TBD**
- **End Date: TBD**
- **Hourly Wage: \$18.50/ Hour**

Masshire has partnered with Goodwill Industries, Integritis Healthcare, and Berkshire Community College to ensure that participants are placed in training and employment!

Youth in this age range will have an opportunity to get PAID to train, and work at the same time! Youth will also have an opportunity to explore On the Job training offerings later in the Youth Works season!

Return application and documents to: Mass Hire Berkshire Career Center 160 North Street, Pittsfield, MA 01201 **Please do not email application.**

Contact: kskrocki@masshireberkshirecc.com



MassHire Berkshire Career
Center Youth Department

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www.masshireberkshirecc.com



160 North Street 3rd Floor Pittsfield, MA 01201

Application deadline: May 31st