



## Participant Signature Page

Online ID:

### Participant Acknowledgement of Receipt

I confirm that I have received the documents below via an enrollment email, read, and understand the following documents.

- Civil Rights Statement
- Philadelphia Works Grievance Procedure
- Philadelphia Works Privacy & Confidentiality Statement

### Waiver and Release

Programs implemented by E<sup>3</sup> and WorkReady partner organizations are managed by Philadelphia Youth Network (PYN). From time-to-time PYN and these partner organizations create promotional and educational materials about PYN, and E<sup>3</sup> and WorkReady Philadelphia programs. I hereby give permission to PYN, its employees, affiliates, representatives, contractors, agents and members of the media to interview, audiotape, photograph, videotape, film, or capture by any other electronic or other means my image and speech, and, within its absolute discretion, to release, disseminate, or use, in any manner it sees fit including publications and web pages, the resulting images and testimonials and any other information contained therein for the purpose of promoting the objectives of PYN, and its programs. I hereby release all actions and claims which I, my family members, my child, heirs, executors, or administrators may have against the Philadelphia Youth Network, Inc., its employees, affiliates, representatives, contractors, agents, successors and assigns, arising for any reason whatsoever from the use, publication, distribution, or republication of the words or images gathered for the purpose described above. I intend this to be a legally binding agreement.

I **DO NOT** agree to the terms of "Waiver and Release" statement.

### Buckley Amendment

Programs implemented by E<sup>3</sup> and WorkReady partner organizations are designed to provide participants with meaningful learning experiences, including preparation for the workplace and higher education opportunities, and success in school managed by Philadelphia Youth Network (PYN). I understand that the Buckley Amendment to the Family Education Rights and Privacy Act of 1974 guarantees that my or my child's academic record will not be discussed with or disclosed to any third party without my written consent. I hereby authorize officials of the School District of Philadelphia to release my/my child's educational records (limited to standardized tests, graduation and promotion information, and copies of report cards). This consent will last until I/my child is no longer enrolled in a PYN-sponsored activity or until I rescind this consent in writing. I understand that this information will not be provided to any entity other than those indicated above. I understand that a record will be maintained in my/my child's file, indicating that the information was provided. I understand that I may acquire a copy of this record, as well as of any records provided to PYN, from the Philadelphia School District.

I **DO NOT** agree to the terms of "Buckley Amendment" statement.

### Participant Application Certification

I certify that the information provided is true to the best of my knowledge. I am also aware that the information provided is subject to review and verification (including school records, public benefits, and wage records), that I may have to provide documents to support this application and authorize Philadelphia Youth Network (PYN) and its agents and program partner organizations to make inquiries regarding available program services. I am also aware that I am subject to immediate termination if I am found ineligible after enrollment and may be prosecuted for fraud and/or perjury. I allow release of this information for verification purposes and understand that it will be used to determine eligibility.

By signing the below, I acknowledge that I have read and agree to the all of the above: Waiver and Release, Buckley Amendment, and Participation Applications Certification.

Participant's Signature

Date

Parent Signature (if under 18 years old)

Date



## PARTICIPANT INCOME VERIFICATION

Online ID: \_\_\_\_\_

Participant's Name: \_\_\_\_\_

*Some PYN funding requires participants to meet certain program eligibility requirement based on personal income. Please complete the information below. You must enter your own total monthly income and then list the number of family members for yourself, your children, and/or your spouse (if applicable).*

*\*Hint: if you have no income, no children, and are not married, you should enter \$0.00 for income and 1 for family members, check the self-attestation \$0 income box, print your name in the self-attestation statement, and then sign the form.*

*If you have any income, enter your monthly income amount you earn and add your family members plus yourself if you have any children or are married, check the box that proves your income and then sign the form.*

Calculated Monthly Income: \$\_\_\_\_\_ Number of Family Members: \_\_\_\_\_

☐ **Check this box if you indicated monthly income above \$0.00 and then check the box that supports your income. You will be asked to upload this document.**

- ☐ Paystubs, direct deposit, bank statements,
- ☐ Employer letter or email verifying your employment
- ☐ Unemployment Benefits
- ☐ Social Security, public benefits

☐ **Check this box if you indicated self-attest to \$0.00 income.**

I, (\_\_\_\_\_), do hereby attest that the proof of income information stated above is true, accurate, and complete to the best of my knowledge. I understand that any intentional omission or misrepresentation may subject me to disqualification from programming.

Sign and date the form below.

Participants Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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

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

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

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

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

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

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

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

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

Signature of Employee	Today's Date (mm/dd/yyyy)
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**Preparer and/or Translator Certification (check one):**

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
*(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)*

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

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



Employer Completes Next Page



**Employee's Withholding Certificate**

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.

OMB No. 1545-0074

**2023**

<b>Step 1:</b> <b>Enter Personal Information</b>	(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 <a href="http://www.ssa.gov">www.ssa.gov</a> .
	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.

<b>Step 2:</b> <b>Multiple Jobs or Spouse Works</b>	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 <b>only one</b> 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; <b>or</b> (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"/>  <b>TIP:</b> If you have self-employment income, see page 2.
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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.)

<b>Step 3:</b> <b>Claim Dependent and Other Credits</b>	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 . . . . . <b>3</b> \$	
<b>Step 4 (optional):</b> <b>Other Adjustments</b>	(a) <b>Other income (not from jobs).</b> 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 . . . . .	<b>4(a)</b> \$
	(b) <b>Deductions.</b> 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 . . . . .	<b>4(b)</b> \$
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . .	<b>4(c)</b> \$

<b>Step 5:</b> <b>Sign Here</b>	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	<b>Employee's signature</b> (This form is not valid unless you sign it.)		<b>Date</b>
<b>Employers Only</b>	Employer's name and address Philadelphia Youth Network, 400 Market Street, Suite 200 Philadelphia, PA 10106	First date of employment	Employer identification number (EIN) 23-2993155



# RESIDENCY CERTIFICATION FORM

## Local Earned Income Tax Withholding

### TO EMPLOYERS/TAXPAYERS:

This form is to be used by employers and/or taxpayers to report essential information for the collection and distribution of Local Earned Income Taxes to the local EIT collector. This form must be utilized by employers when a new employee is hired or when a current employee notifies employer of a name and/or address change. Use the Address Search Application at [www.newPA.com/Act32](http://www.newPA.com/Act32) to determine PSD codes, EIT rates and tax collector contact information.

### EMPLOYEE INFORMATION – RESIDENCE LOCATION

NAME (Last Name, First Name, Middle Initial)			SOCIAL SECURITY NUMBER <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0;"></div>		
STREET ADDRESS (No PO Box, RD or RR)					
ADDRESS LINE 2					
CITY		STATE	ZIP CODE	DAYTIME PHONE NUMBER	
MUNICIPALITY (City, Borough or Township)					
COUNTY		RESIDENT PSD CODE <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0;"></div>		TOTAL RESIDENT EIT RATE	

### EMPLOYER INFORMATION – EMPLOYMENT LOCATION

EMPLOYER BUSINESS NAME (Use Federal ID Name)			EMPLOYER FEIN <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0;"></div>		
STREET ADDRESS WHERE ABOVE EMPLOYEE REPORTS TO WORK (No PO Box, RD or RR)					
ADDRESS LINE 2					
CITY		STATE	ZIP CODE	PHONE NUMBER	
MUNICIPALITY (City, Borough or Township)					
COUNTY		WORK LOCATION PSD CODE <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0;"></div>		WORK LOCATION NON-RESIDENT EIT RATE	

### CERTIFICATION

Under penalties of perjury, I (we) declare that I (we) have examined this information, including all accompanying schedules and statements and to the best of my (our) belief, they are true, correct and complete.	
SIGNATURE OF EMPLOYEE	DATE (MM/DD/YYYY)
PHONE NUMBER	EMAIL ADDRESS

For information on obtaining the appropriate MUNICIPALITY (City, Borough, Township), PSD CODES and EIT (Earned Income Tax) RATES, please refer to the Pennsylvania Department of Community & Economic Development website:

[www.newPA.com/Act32](http://www.newPA.com/Act32)

## PARENTAL ACKNOWLEDGEMENT OF MINOR'S DUTIES AND HOURS OF EMPLOYMENT

(Must be completed for minors under 16 years of age)\*

(This section to be completed by the employer.)

The undersigned parent or legal guardian of \_\_\_\_\_, age \_\_\_\_\_,  
(name of minor)

hereby acknowledges and understands that this minor's employment with

Philadelphia Youth Network, Inc., commencing \_\_\_\_\_, will consist of the following duties and hours:  
(name of employer) (date)

(This section to be completed by the employer.)

Duties of minor (e.g., cashier, food service,  
lifeguard, sales clerk, etc.)

Hours of work:

Sunday	_____	.m.-	_____	.m.
Monday	_____	.m.-	_____	.m.
Tuesday	_____	.m.-	_____	.m.
Wednesday	_____	.m.-	_____	.m.
Thursday	_____	.m.-	_____	.m.
Friday	_____	.m.-	_____	.m.
Saturday	_____	.m.-	_____	.m.

Other/additional hours (include explanation):

Minimum hours are 120 to a max 240

( ☐ additional sheet(s) attached)

(To be signed by minor's parent or legal guardian.)

I hereby acknowledge that I understand the above duties and hours to be worked by the above-named minor for this employer and grant permission for this employment. This statement is made subject to the provisions of 18 Pa. C.S. § 4904 (relating to unsworn falsifications to authorities).

☐ Parent of

(Printed name of parent or legal guardian)

☐ Legal guardian

(Name of minor)

(Signature of parent or legal guardian)

(Date)

\* This form is required to be completed by the parent or legal guardian of a minor employee under 16 years of age pursuant to Section 8(a)(2)(ii) of the Child Labor Act, and the original copy must be kept by the employer at the workplace along with other records of the minor's employment required by Section 8(d).

*Auxiliary aids and services are available upon request to individuals with disabilities.  
Equal Opportunity Employer/Program*



# FBI DISCLOSURE WAIVER FOR MINORS

**Participants Name:** \_\_\_\_\_

This form can be used for participants who require clearances but is a minor and have lived in PA for 10 years can waive the FBI clearance requirements.

I swear/affirm that I am seeking a paid position. If being hired on a provisional basis, I have applied for certification through ChildLine, the Pennsylvania State Police, and the Federal Bureau of Investigation and am submitting appropriate information to have my clearances ran OR submitting a copy of clearances to the employer, administrator, supervisor or other person responsible for employment decisions.

I swear/affirm that, if providing certifications that have been obtained within the past (5) five years, I have not been disqualified from employment or service under the Pennsylvania Child Protective Services Law, 23 Pa.C.S. 6344 (c), and have not been convicted of an offense similar in nature to a crime listed in 23 Pa.C.S. 6344 (c) under the laws or former laws of the United States or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of this Commonwealth.

I swear/affirm that I have not been named as a perpetrator of a founded report of child abuse within the past five (5) years as defined by the Child Protective Services Law.

I swear/affirm that I have not been convicted of any of the following crimes under Title 18 of the Pennsylvania consolidated statutes or of offenses similar in nature to those crimes under the laws or former laws of the United States or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of this Commonwealth.

- Chapter 25 (relating to criminal homicide)
- Section 2702 (relating to aggravated assault)
- Section 2709 (relating to stalking)
- Section 2901 (relating to kidnapping)
- Section 2902 (relating to unlawful restraint)
- Section 3121 (relating to rape)
- Section 3122.1 (relating to statutory sexual assault)
- Section 3123 (relating to involuntary deviate sexual intercourse)
- Section 3124.1 (relating to sexual assault)
- Section 3125 (relating to aggravated indecent assault)
- Section 3126 (relating to indecent assault)
- Section 3127 (relating to indecent exposure)
- Section 4302 (relating to incest)
- Section 4303 (relating to concealing death of child)
- Section 4304 (relating to endangering welfare of children)
- Section 4305 (relating to dealing in infant children)
- Section 5902(b) (relating to prostitution and related offenses)
- Section 5903(c) (d) (relating to obscene and other sexual material and performances)
- Section 6301 (relating to corruption of minors)
- Section 6312 (relating to sexual abuse of children), or an equivalent crime under Federal law or the law of another state.

I swear/affirm that I have not been convicted of a felony offense under Act 64-1972 (relating to the controlled substance, drug device and cosmetic act) committed within the past five years.

I swear/affirm that I understand that I must be dismissed from employment if I am named as a perpetrator of a founded report of child abuse within the past five (5) years or have been convicted of any of the crimes listed above.



I swear/affirm that I understand that if I am arrested for or convicted of an offense that would constitute grounds for denying employment or participation in a program, activity or service under the Child Protective Services Law as listed above, or am named as perpetrator in a founded or indicated report, I must provide the administrator or designee with written notice not later than 72 hours after the arrest, conviction or notification that I have been listed as a perpetrator in the Statewide database.

I swear/affirm that I understand that if the person responsible for employment decisions or the administrator of a program, activity or service has a reasonable belief that I was arrested or convicted for an offense that would constitute grounds for denying employment or participation in a program, activity or service under the Child Protective Services Law, or was named as perpetrator in a founded or indicated report, or I have provided notice as required under this section, the person responsible for employment decisions or administrator of a program, activity or service shall immediately require me to submit current certifications obtained through the Department of Human Services, the Pennsylvania State Police, and the Federal Bureau of Investigation. The cost of certifications shall be borne by the employing entity or program, activity or service.

I swear/affirm that I understand that if I willfully fail to disclose information required above, I commit a misdemeanor of the third degree and shall be subject to discipline up to and including termination or denial of employment.

I swear/affirm that I understand that the person responsible for employment decisions or the administrator of a program, activity or service is required to maintain a copy of my certifications.

I hereby swear/affirm that the information as set forth above is true and correct. I understand that false swearing is a misdemeanor pursuant to Section 4903 of the Crimes Code. By signing below, I am attesting that I am between 14 and 17 years of age **and** have been a resident of Pennsylvania during the entirety of the previous ten-year period.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_