



Work-based Learning Resource Center

WBLRC

439 WEST 49TH STREET - NEW YORK, NEW YORK 10019

VOICE: (212) 399-3520 EMAIL: WBLBOX@SCHOOLS.NYC.GOV

APPLICATION DOCUMENT CHECKLIST

ATTACHED

- | | |
|--|----------|
| 1. Application for Hourly Non-Competitive Appointment (DHR9954) | 1. _____ |
| 2. Copy of Social Security Card | 2. _____ |
| 3. Copy of Working Papers (Required if under 18 years of age) | 3. _____ |
| 4. Copy of Alien Registration Card (Green Card, if applicable) | 4. _____ |
| 5. Employment Eligibility Form (I-9 Form) | 5. _____ |
| 6. Student Information Form, signed by parent or guardian - Required for all students under 21 years of age | 6. _____ |
| 7. Worksite Agreements: Signed by Worksite Supervisor | 7. _____ |
| 8. Rosters: Signed by Worksite Supervisor | 8. _____ |

SUBMIT DOCUMENTS IN THE FOLLOWING ORDER:

- Pg. 1 Application for Hourly Con-Competitive Appointment (DHR9954)
- Pg. 2 A single 8 ½ X 11 page that contains all of the following:
 - a copy of the Social Security Card
 - a copy of the Working Papers (if applicable)
 - a copy of the Green Card (if applicable)
- Pg. 3 Employment Eligibility Form (I-9 Form)
- Pg. 4 Student Information / Parental Consent Form
- Pg. 5 Sample Student Time Sheet

SPECIAL NOTE

Students will need a photo ID card to enable them to cash their payroll checks. School or other official photo ID cards are acceptable.



THE NEW YORK CITY DEPARTMENT OF EDUCATION
DIVISION OF Human Resources - Center for Recruitment and Professional Development
65 Court Street, Room 504 Brooklyn, New York 11201

**APPLICATION FOR HOURLY NON-COMPETITIVE APPOINTMENT
APPLICANT MUST COMPLETE SECTION C AND SIGN AT THE BOTTOM**

Section A: For Responsibility Center Use Only

Type: **New Employee** Title: **Student Aide** Status: **Hourly**
 Job Title: **Student Aide** FMC: **84** Line No: **6234**
 Center: **Office of Portfolio Development – Career and Technical Education**
 Signature of Principal or Activity Head: *E. James* Date: **10/2008** Telephone: **(212) 399-3520**

Section B: For Department of Education Use Only

EIS ID NUMBER _____ SALARY CODE: **CTR TN / CTTSN**
 DUAL EMPLOYMENT: NO YES EFFECTIVE DATE _____

Section C: For Applicant’s Use Only PLEASE PRINT

SOCIAL SECURITY # _____ NYC ID # (9 Digits) _____
 NAME:
 First _____ Middle Initial _____ Last _____
 DATE OF BIRTH: Month: _____ day _____ Year _____ GENDER:
 Male: Female
 TELEPHONE:
 Home Number(_____) _____ Emergency Number(_____) _____
 In case of emergency contact: (Name of Person) _____
 ADDRESS:
 Number & Street _____
 Borough _____ Zip Code _____

SIGNATURE AND ACKNOWLEDGEMENT OF APPLICANT: I certify that the information given by me in this application is true and complete. I acknowledge that failure to give complete information can result in termination or denial of employment.

Signature of Applicant

School Applicant Attends

Date

Please put copies of all needed student documents on this page.

EMPLOYMENT ELIGIBILITY VERIFICATION (I-9)

Please 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 eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because of 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: <input type="checkbox"/> A citizen or national of the United States <input type="checkbox"/> A lawful Permanent Resident (Alien# A _____) <input type="checkbox"/> An alien authorized to work until ____/____/____ (Alien # or Admission # _____) |
|---|---|

Employee's Signature _____ Date (Month/Day/Year) _____

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 _____ | | School Records _____ | | Social Security Card _____ |
| Issuing Authority: _____ | | _____ | | _____ |
| Document # _____ | | _____ | | _____ |
| Expiration Date (if any) ____/____/____ | | ____/____/____ | | ____/____/____ |

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-names 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/date/year ____/____/____ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date employee began employment)

| | | |
|--|--|----------------------------------|
| Signature of Employer or Authorized Representative <i>Edna James</i> | Print Name Edna James | Title Payroll Administrator |
| Business Organization Name New York City Department of Education Office of Teaching and Learning | Address 439 W. 49 th St. New York, NY 10019 | Date (Term/ Year) Summer 2009 |

STUDENT INFORMATION / PARENTAL CONSENT / EMERGENCY CONTACT INFORMATION

TO BE COMPLETED BY THE STUDENT

School Name _____ Expected Date of Graduation _____
Last Name _____ First Name _____ Social Security # _____ NYC ID # (9 digits) _____
Date of Birth (Month) _____ (Date) _____ (Year) _____ Current Grade Level (i.e. 11, 12) _____ Date this form was completed _____
Home Telephone # (____) _____ /Guardian Name _____ Relationship _____
Street Address _____ Apt # _____ Borough _____, NY Zip Code _____
Title of Career / Technical Education Sequence (i.e. Nursing, Construction) _____

TO BE COMPLETED BY THE PARENT OR GUARDIAN (Required for all students under 21 years of age)

I, the parent or guardian of _____ who attends _____ agree to allow my
Name of Student Name of School
son/daughter to participate in the work-based learning programs of the New York City Department of Education. I understand that my
son/daughter may receive training and work-based learning experiences outside of the school building.

Name of Parent or Guardian (Please Print) _____ Parent / Guardian Signature _____ Date _____

Address (Only if different from the address above) _____

IN THE EVENT OF AN EMERGENCY CONTACT:

Name _____ Relationship to the student _____

Telephone (____) _____ Extension _____ Cell Phone (____) _____

Beeper, Pager or other communication device (____) _____

Student Email _____ Parent / Guardian Email _____

**CAREER AND TECHNICAL EDUCATION
WORK-BASED LEARNING RESOURCE CENTER**

439 WEST 49TH STREET - NEW YORK, NEW YORK 10019
VOICE: (212) 399-3520 FAX: (212) 399-3499

TIME SHEET
(Print or type all information except signatures)

Payroll Period Ending: _____

Student: Last Name _____

First Name _____ SS # _____

Home School _____ EIS ID # _____

| Date | Time In | L | Time Out | # of Hours to be Paid | Date | Time In | L | Time Out | # of Hours to be Paid |
|------|---------|---|----------|-----------------------|------|---------|---|----------|-----------------------|
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Total number of hours to be paid by The Department of Education:(See notes below)

Public Sector Worksites: All hours worked. Lunch periods must not be included. Maximum hours = 30 _____

Private Sector Worksites: One half of all hours worked. Lunch periods must not be included. Maximum hours = 15. Private employers must pay the student directly for the remainder of the hours worked.

Name of Worksite _____ Indicate: Public Sector ___ Private Sector ___

Address of Worksite _____

Name of Worksite Supervisor _____ Telephone #(_____) _____ Ext _____

Certification: I certify that the information and claims on this time sheet are true and correct.

| | | |
|--|----------------------------|------------|
| Signature of Worksite Supervisor _____ | Signature of Student _____ | Date _____ |
|--|----------------------------|------------|