



WORKFORCE DEVELOPMENT BOARD

2022

Summer Youth Employment Program



Participant Application



SUMMER YOUTH EMPLOYMENT PILOT PROGRAM APPLICATION
(Please print clearly on all pages of the application.)

Name _____
First M.I. Last

Important Dates

- **Application Due Date: May 13, 2022**
- **Interview Dates: May 16, 2022 to May 27, 2022**
- **Intern Orientation: June 15, 2022 or June 22, 2022**
(Applicant will only need to attend 1 of the 2 evening orientation sessions.)
- **Program Dates: June 24, 2022 to August 19, 2022**

REQUIREMENTS:

- Applicant **must** be a Camden County resident.
- Applicant must be willing and available to fully complete an 8-week program.
(No time off is permitted for vacation, sports, etc.)
- Application and required documents **must be submitted by May 13, 2022.**
- Applicant must attend a 30-minute interview prior to being selected.
- Applicant must attend an evening orientation once selected to participate in the program.
 - Each intern will receive a stipend starting at \$13.50 per hour.



APPLICATION PROCEDURES:
PLEASE READ VERY CAREFULLY

1. Complete all sections of the application.
2. **REQUIRED** Attachments to your application:
 - Clear Copy of your Photo Identification. (For Example: Driver's License, State ID, School ID, etc.)
 - Clear Copy of your birth certificate.
 - Clear Copy of your social security card.
 - Clear Copy of your most recent transcript. (For example: High School or College transcript or let us know that you have been out of school for more than 1 year and do not have access to these records.)
 - Answered Essay Question.
 - Completed Recommendation Form
 - Completed I-9 Form
 - Completed New Jersey Intake and Initial Assessment Form

Please ensure that all documents are legible and easy to read.

3. **Completed application and attachments must be received by the Camden County Workforce Development Board, 1111 Markkress Road, Suite 101, Cherry Hill, NJ 08003, no later than Friday, by 4:00 pm.**

DO NOT SUBMIT INCOMPLETE APPLICATION PACKAGES.

Three (3) ways to submit your application:

1. By Email to: receptionist@ccwib.com
2. By Fax to: (856) 751-4495
3. By US Mail
or Hand Delivery to: Camden County WDB
Attn: SYEP 2022
1111 Markkress Road, Suite 101
Cherry Hill, NJ 08003

If you are sending your application by US Mail, please be sure to allow enough time for your application package to be delivered by the due date. All applications must be postmarked by the due date. Late applications will not be accepted.

Once we receive your application, you will be sent an email to set up your virtual interview. Please use an email on the application which you check regularly.

PROGRAM APPLICATION

(Please make sure all contact information is current. You must provide working telephone numbers and working email addresses that you check daily.)

Personal Information

Name _____
First M.I. Last

Gender: M F Do not wish to disclose Preferred Pronouns _____

Date of Application _____ Highest Grade Completed _____

Applicant's Home Telephone Number: _____

Applicant's Mobile Phone Number: _____

Applicant's Email Address: _____

(Complete if applicant is under age 18)

Parent/Guardian's Mobile Telephone Number: _____

Parent/Guardian's E-mail Address: _____

Number & Street Address: _____

City _____ NJ _____ Zip Code _____

How old are you? _____ What is your birthday? (MM/DD/YYYY) _____

What is your SSN? _____



Ethnic Heritage: Black/African American White Asian Hispanic or Latino
 Alaskan/American Indian Hawaiian/Pacific Islander I chose not to disclose

Marital Status: Single Married Civil Union

Are you a US Citizen? Yes No Permanent Resident

What is your current total household income? _____

Are you currently employed? Yes No

Do you have a Driver's License? Yes _____ No _____ Do you have access to a car? Yes _____ No _____

Do you have reliable transportation to a job? Yes _____ No _____

How many miles would you be willing to commute to a job? _____

If you do not have a car or other transportation, are you willing and able to use public transportation to get work? Yes _____ No _____

Do you have daily access to a computer and internet if required to work virtually? _____ Yes _____ No

Do you have any medical condition that would prevent you from working? If yes, please explain.

Family Background (Only complete this section if you are under 18 and/or still in high school.)

Mother or Guardian: Occupation: Place of Employment

Father or Guardian: Occupation: Place of Employment

School/College/Community Activities or Hobbies (Class Offices, Organizations, Clubs, Volunteer Experiences, etc.)



Work Experience (List most recent job first)

Company	Location (City, State)	Job Title	From	To
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Please attach a typed one-page short essay answering the following questions:

- Why do you want to participate in the Summer Youth Employment Program?
- What are your future goals?
- How will participation in the program help you to achieve your future goals?



**PERMISSIONS AND ACKNOWLEDGEMENTS FOR THE SUMMER YOUTH EMPLOYMENT PROGRAM
(Must be completed and signed by all applicants OR a parent/guardian for those under 18 years old)**

I _____ would like to participate in the Camden County Workforce Development Board's (CCWDB) Summer Youth Employment Program. I understand employment is at the discretion of the companies involved in the Summer Youth Employment Program. I am aware that the individual named above may be asked to meet with an approved employer worksite for an interview prior to being offered employment.

Further, I understand I am responsible for supplying transportation to and from the job and that attendance is important to the success of the program. I will not hold the County of Camden, NJ, and/or the CCWDB responsible or liable for any accidents or injuries to the individual named above or for the payment of any bills incurred while on the job or traveling to and from the job or while working on the job.

I hereby authorize the Camden County Workforce Development Board, Inc. (CCWDB) the right to use, reproduce, and/or publish photographs and/or video that may pertain to me including my image, likeness and/or voice without compensation. I understand that this material may be used in any and/or all media outlets including radio, television, print publications, social media, etc. This material may also appear on the CCWDB's website. Consequently, the CCWDB may publish materials, use my name, photograph, and /or make reference to me in any manner that the CCWDB deems appropriate in order to promote/publicize relevant programs and/or events. This authorization is continuous and may only be withdrawn by my specific rescission of this authorization.

Date

Applicant Signature, (if under age 18, a Parent or Guardian Signature)



RULES FOR PARTICIPATION

The following rules and guidelines apply to all Camden County Summer Youth Employment Program participants. Failure to comply with the rules listed below may result in immediate dismissal from the program. Should you have any questions concerning these rules, please discuss them with a staff member of the CCWDB as soon as possible.

1. If you are absent from your job due to illness or any other unforeseen reason, you must notify the CCWDB within 24 hours of your absence. You must also immediately contact the employer to which you are assigned.
2. You must be courteous and always maintain communication with your employer. Failure to do so may result in dismissal from the program.
3. You must not get into any trouble while participating in the program. If you do get in trouble, it may result in dismissal from the program. Should you get in any type of trouble, this should immediately be brought to the attention of the CCWDB.
4. Absenteeism or tardiness will not be tolerated and may result in removal from the program.
5. You must be on time for work each day assigned. Continual lateness to work will result in your dismissal from the program.
6. As a summer youth program participant, you must always exhibit excellent judgment and respect for others.
7. Contact the WDB before applying for another job, quitting your assigned job, giving two weeks notice, or changing jobs. Your failure to do so, except for extreme situations, will result in dismissal from the summer youth program.

The Summer Youth Employment Program is sponsored by Camden County Workforce Development Board through funding provided by the New Jersey Department of Labor. All of the above rules are in accordance with the guidelines that have been set by Workforce Development Board. By signing below, you acknowledge receipt of these rules and agree to abide by them.

Applicant Signature

If applicant is under age 18, Parent/Guardian Signature

CCWDB Signature

Date

NEW JERSEY INTAKE AND INITIAL ASSESSMENT FORM A proud partner of the American Job Center network

Today's Date: _____/_____/_____

UNDERLINED SECTIONS MUST BE COMPLETED. PLEASE COMPLETE ADDITIONAL FORMS IF INDICATED..

SSN#: _____ - _____ - _____

DOB: _____ / _____ / _____ MM/DD/YYYY

Gender: Female Male

Last Name:

First Name:

Middle Initial:

Street:

City:

State:

Zip Code:

County:

Phone #: () _____

Email:

Contact Preference: Postal E-mail

Alt. Phone # () _____

 Primary Phone Alt. Phone

Ethnic Heritage: Hispanic or Latino Not Hispanic or Latino
 I choose not to disclose **Race:** Alaskan/American Indian
 Asian Black/African American White
 Hawaiian/Pacific Islander I choose not to disclose

Marital and Family Status (choose all that apply)

married divorced unmarried
Household: one-parent two-parent
 not a family member(single) other (dependent, child)
 optional: pregnant

School Status:

In-school: HS/secondary or Less alternative HS/Post-secondary
 not attending school: HS dropout HS grad/equivalent
 16 or younger and have not attended last school year quarter

Employment Status (choose one)

employed not employed
 employed-received notice of termination
 not employed and not seeking work

Education Level (Choose highest only):

no grade _____ Yrs completed, (1-11) no diploma
 12th grade, no diploma HS equivalency 12th grade, HS grad
 disabled w/ Cert. IEP

If employed are you working (choose one)

full-time part-time
 seasonal/temporary self-employed

If not employed and homemaker::

Receiving support from spouse/former spouse
 Not receiving support from spouse/former spouse

Post-secondary/Vocational/Associate High School Plus:

Post-secondary no degree: 1 year 2 years 3 years
 Vocational Certificate: 1 year 2 years 3 years
 Associate Degree: 1 year 2 years 3 years
 Other Degree: BA/BS Master's PhD

US Citizen:

Yes No Permanent Resident or Exp.Date: _____
 Alien Reg.# (if applicable): _____

Individual with Disability: Yes No Choose not to disclose [If Yes, please ask staff for Form D, which is kept confidential, and provide the following information: type of disability: hearing; vision; mental; mobility; cognitive/I/DD; learning; chronic health]

Migrant Seasonal Farmworker:

Yes No If Yes choose one: migrant seasonal farmworker migrant farmworker migrant food process worker
 dependent of migrant seasonal farmworker **Farmwork Type:** production and services food processing

Selective Service (Males born on or after 1/1/1960 only)

Yes No
 Selective Service #: _____

Native Language: English other specify: _____**Housing:** (choose one)

aged out of foster care foster child
 homeless runaway
 own home rent
 choose not to disclose
 none of the above apply

Military Service: No Yes branch: _____

If Yes, use DVOP Checklist

campaign veteran national guard reserve active duty
 transitioning vet discharge retirement other eligible
 active service From: _____ to: _____

Service Disability:

disabled not disabled special disabled
 Receiving Veteran's benefits or assistance? No Yes
 If Yes, specify: _____

Offender Status - Have you been convicted of criminal offense? Yes No

Military Spouse - Are you:

active duty service member spouse service member widow
 disabled veteran spouse

Do you feel you have any barriers to employment, including customs, practices or beliefs, not described on this form, which you wish to disclose? Yes No
 If Yes, please provide this information on Form D

If active duty spouse, has your income been affected by spouse's deployment?

Yes No

Employment Preferences

Work Week: full-time part-time both not seeking employment at this time
Duration: regular (150 Days+) temporary (150 Days or Less) both
Minimum Salary: \$ _____ Per _____ **Date Available to Work:** _____ / _____ / _____
Shift Preference: Willing to work any shift? Yes No If No, which shift(s): 1st 2nd 3rd Split Rotating
Employment Objective: _____ **Desired Job Title(s):** 1) _____
 2) _____ 3) _____ 4) _____ 5) _____
Desired Employer(s): 1) _____ 2) _____ 3) _____
Acceptable Job Locations (check one): 5 10 25 50 100 miles from Zip Code _____

Work History (Current/Last Employer): job title: _____ employer: _____
 street: _____ city: _____ state: _____
 start date: _____ / _____ / _____ end date: _____ / _____ / _____ wage: \$ _____ per _____
 reason for leaving: lack of work/layoff fired medical/health quit retired still employed strike
 other (specify) _____
 job duties: _____

 _____ If you wish to provide additional work history, inform staff person.

Additional Skills: _____
Professional Associations: _____

Certificate/Special Licenses

Certificate/License: _____ issued by: _____
 issued date: _____ / _____ / _____ state: _____ country: _____
 education-course of study: _____ degree: _____ school: _____ state: _____ country: _____

Driver's License

License: <input type="checkbox"/> No <input type="checkbox"/> Yes State: _____	Endorsements:
Type: <input type="checkbox"/> CDL-A <input type="checkbox"/> CDL-B <input type="checkbox"/> CDL-C <input type="checkbox"/> Auto <input type="checkbox"/> Moped	<input type="checkbox"/> passenger transport <input type="checkbox"/> motorcycle
Transportation <input type="checkbox"/> I own a vehicle <input type="checkbox"/> I have insurance I have access to: <input type="checkbox"/> vehicle	<input type="checkbox"/> hazardous materials <input type="checkbox"/> tank vehicle <input type="checkbox"/> school bus
<input type="checkbox"/> motorcycle <input type="checkbox"/> bus/ rail <input type="checkbox"/> none <input type="checkbox"/> other	<input type="checkbox"/> doubles/triples <input type="checkbox"/> tank hazards <input type="checkbox"/> air brakes

I attest that the information provided is true and accurate any misrepresentation may be grounds for termination from program(s). I further understand that being determined eligible for services and/or training does not necessarily entitle me to service/training

Applicant Signature _____ Date _____ Parent/Guardian* _____ Date _____
 Staff Signature _____ Date _____ Reviewed/Verified By _____ Date _____ *<18 only

Staff use only:

<input type="checkbox"/> WIOA Adult <input type="checkbox"/> WIOA Dislocated Worker	<input type="checkbox"/> TANF	Assistance start date: _____	Income Status:
<input type="checkbox"/> WDP Grant (Specify: _____)	<input type="checkbox"/> SNAP	Case #: _____	<input type="checkbox"/> 100% LLSIL <input type="checkbox"/> 70% LLSIL <input type="checkbox"/> Not Disclosed
<input type="checkbox"/> National Dislocated Worker Grant	<input type="checkbox"/> GA		<input type="checkbox"/> Local Priority (Specify): _____
	<input type="checkbox"/> CAVP		

Barriers to Employment:	<input type="checkbox"/> ELL/Lower Level Literacy <input type="checkbox"/> Substantial Cultural Barriers	WDB (County) Code: _____
<input type="checkbox"/> Youth In/Aged out of Foster Care	<input type="checkbox"/> Low-Income Individual <input type="checkbox"/> Displaced Homemaker <input type="checkbox"/> Disability	
<input type="checkbox"/> Indian/Alaska native/Native Hawaiian	<input type="checkbox"/> Homeless Individual <input type="checkbox"/> Long-Term Unemployed <input type="checkbox"/> Ex-Offender	
<input type="checkbox"/> Within 2yrs of TANF exhaustion	<input type="checkbox"/> Eligible MSFW <input type="checkbox"/> Single Parent <input type="checkbox"/> Older Individual	

<input type="checkbox"/> WIOA Youth ISY <input type="checkbox"/> WIOA Youth OSY <input type="checkbox"/> Low-Income	Additional Info: <input type="checkbox"/> Underemployed <input type="checkbox"/> Not in Labor Force	AOSOS ID#: _____
<input type="checkbox"/> High Poverty Area <input type="checkbox"/> 5% Limitation	<input type="checkbox"/> Interested in Nontraditional Employment	

OSY: <input type="checkbox"/> Foster Youth <input type="checkbox"/> Dropout <input type="checkbox"/> Homeless <input type="checkbox"/> Not Attended Last Q	Referral Source:
<input type="checkbox"/> Offender <input type="checkbox"/> Low Income AND Basic Skills Deficient <input type="checkbox"/> Pregnant/parenting	<input type="checkbox"/> DVRS <input type="checkbox"/> LWD <input type="checkbox"/> UI <input type="checkbox"/> Public Assistance Agency
<input type="checkbox"/> Disability <input type="checkbox"/> Low Income AND youth who Requires Add'l Assistance	<input type="checkbox"/> CBO/FBO <input type="checkbox"/> Self <input type="checkbox"/> Other Local Area <input type="checkbox"/> CSBG
ISY: <input type="checkbox"/> Low-Income AND: <input type="checkbox"/> BSD <input type="checkbox"/> English Language Learner	<input type="checkbox"/> Employer <input type="checkbox"/> HUD <input type="checkbox"/> Adult Education <input type="checkbox"/> Library
<input type="checkbox"/> Offender <input type="checkbox"/> Homeless <input type="checkbox"/> Foster Youth <input type="checkbox"/> Pregnant/parenting	<input type="checkbox"/> Probation <input type="checkbox"/> Parole <input type="checkbox"/> Public Education <input type="checkbox"/> Relative/Friend
<input type="checkbox"/> Disability <input type="checkbox"/> Youth who Requires Add'l Assistance	<input type="checkbox"/> Re-entry/Second Chance <input type="checkbox"/> Displaced Homemaker Program
	<input type="checkbox"/> Family Success Center <input type="checkbox"/> MSFW Grantee



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: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

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

STOP *Employer Completes Next Page* STOP



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
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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="border: 1px solid black; padding: 5px;"> <p align="center">Additional Information</p> </div>		<div style="border: 1px solid black; padding: 5px;"> <p align="center">QR Code - Sections 2 & 3 Do Not Write In This Space</p> </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)
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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	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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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"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) 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. 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 	OR	<ol style="list-style-type: none"> 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 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. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">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 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. 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.