Student Application
WorkAbility I

Program: Special Education Services/WorkAbility I
Contact/Agency: 
Location: 750 25th Ave., San Francisco, CA 94121
Phone: 415-379-7665 or 379-7660
APPLICATION PROCESS AND PROCEDURES FOR PLACING INTERN.

1. Make sure application is complete.

2. Include interns filing status on W-4 form.

3. Put all documents in order before submitting application.
   1. Work permit
   2. W-4 form
   3. I-9
   4. Picture id, social security card (picture on id must be clear).

4. Check for all signatures and requested dates

5. Applicants under the age of eighteen must complete work permit application. When applying for a work permit must submit the following documents: class schedule, a current picture identification card, a sign social security card and a birth certificate.

6. On the front page of application packet, please include contact person, agency, school, email address or any information which will assist in contacting applicant or contact person. Always make a copy of each application for your records.

7. Send completed application attention:
   Dezeebe Miles,
   750 Cabrillo @ 25th Avenue
   94121.

Intern can be placed only on worksite after:

1. Intern is cleared by human resource department. You will be notified by email.
2. Is briefed on Workability’s policies and procedures prior to placement.
3. Worksite signs MOU, and completes Worksite Request forms, and both are faxed to Workability office.
4. Workability Specialist has met with worksite supervisor.
SAN FRANCISCO UNIFIED SCHOOL DISTRICT

**Student WorkAbility I Application**

Complete this form. Parent/guardian and student must sign the agreement. Print in black or blue ink.

Return this form to the Special Education Services WAI Program, 750 25th Ave SF CA 94121

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### GENERAL INFORMATION

- Male
- Female

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
<th>(as it appears on your Social Security Card)</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Address</th>
<th>Home Phone #</th>
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<table>
<thead>
<tr>
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Social Security Number

<table>
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<tr>
<th>Date of birth</th>
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<table>
<thead>
<tr>
<th>Current School Name</th>
<th>Current Grade</th>
</tr>
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<td></td>
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</tr>
</tbody>
</table>

Are you a citizen of the United States of America?

- [ ] Yes
- [ ] No

---

### EMERGENCY INFORMATION

List two emergency references not living with you.

<table>
<thead>
<tr>
<th>NAME</th>
<th>RELATIONSHIP</th>
<th>ADDRESS</th>
<th>PHONE NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>NAME</th>
<th>RELATIONSHIP</th>
<th>ADDRESS</th>
<th>PHONE NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>
**PERSONAL INFORMATION (OPTIONAL)**

Please check the appropriate box below (Check only one box)

Please check the appropriate box below.  (Check only one box)

<table>
<thead>
<tr>
<th>☐ African American</th>
<th>☐ Guamanian</th>
<th>☐ Pacific Islander</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ American Indian</td>
<td>☐ Alaskan Native</td>
<td>☐ Hawaiian</td>
</tr>
<tr>
<td>☐ Samoan</td>
<td>☐ Hispanic/Latino</td>
<td>☐ Vietnamese</td>
</tr>
<tr>
<td>☐ Asian Indian</td>
<td>☐ Japanese</td>
<td>☐ Other Asian</td>
</tr>
<tr>
<td>☐ Cambodian</td>
<td>☐ Korean</td>
<td>☐ Multi-Ethnic</td>
</tr>
<tr>
<td>☐ Chinese</td>
<td>☐ Laotian</td>
<td>☐ Other</td>
</tr>
</tbody>
</table>

I am currently enrolled in:  ☐ Special Education  ☐ Gifted Education  ☐ Other  ☐ Bilingual Education

**READ AND SIGN BELOW**

Parent/guardian signature required: I have read this application and would like my son/daughter to enroll in a paid internship. I hereby certify that all statements made in this application are true and complete to the best of my knowledge. I understand that any false, incomplete, or incorrect statement may result in the disqualification or dismissal from employment with the San Francisco Unified School District.

Parent/Guardian signature (required only if participant is under 18 years of age)

______________________________
Parent/Guardian work phone

Your signature required: I hereby certify that all statements made in this application are true and complete to the best of my knowledge. I understand that any false, incomplete, or incorrect statement may result in the disqualification or dismissal from employment with the San Francisco Unified School District.

______________________________
Student Signature
Form W-4 (2011)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2011 expires February 16, 2012. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds $950 and includes more than $300 of unearned income (for example, interest and dividends).

Basic instructions. If you are not exempt, complete the Personal Allowances Worksheet below. The worksheets on page 2 further adjust your withholding based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable deductions or withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the Personal Allowances Worksheet below. See Pub. 199, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2011. See Pub. 919, especially if your earnings exceed $130,000 (Single) or $180,000 (Married).

**Personal Allowances Worksheet (Keep for your records.)**

**A** Enter "1" for yourself if no one else can claim you as a dependent.

**B** Enter "1" if:
- You are single and have only one job; or
- You are married, have only one job, and your spouse does not work; or
- Your wages from a second job or your spouse’s wages (or the total of both) are $1,500 or less.

**C** Enter "1" for your spouse. But, you may choose to enter "0-0-1" if you are married and have either a working spouse or more than one job. (Entering "0-0-1" may help you avoid having too little tax withheld.)

**D** Enter number of dependents (other than your spouse or yourself) you will claim on your tax return.

**E** Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above).

**F** Enter "1" if you have at least $1,500 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

**G** Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.
- If your total income will be less than $61,000 ($90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children.
- If your total income will be between $61,000 and $84,000 ($90,000 and $119,000 if married), enter "1" for each eligible child plus "1 additional" if you have six or more eligible children.

**H** Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.)

For accuracy, complete all worksheets that apply.
- If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.
- If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed $40,000 ($10,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.
- If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

**Cut here and give Form W-4 to your employer. Keep the top part for your records.**

**Employee's Withholding Allowance Certificate**

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Type or print your first name and middle initial.</td>
</tr>
<tr>
<td>2</td>
<td>Last name</td>
</tr>
<tr>
<td>3</td>
<td>Single</td>
</tr>
<tr>
<td>4</td>
<td>If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card.</td>
</tr>
<tr>
<td>5</td>
<td>Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)</td>
</tr>
<tr>
<td>6</td>
<td>Additional amount, if any, you want withheld from each paycheck</td>
</tr>
</tbody>
</table>

**Employee's signature**

(This form is not valid unless you sign it.)

**Date**

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Cat. No. 10220Q
Deductions and Adjustments Worksheet

**Note.** Use this worksheet only if you plan to itemize deductions or claim certain credits or adjustments to income.

1. Enter an estimate of your 2011 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions
   $11,600 if married filing jointly or qualifying widow(er)
   $8,500 if head of household
   $5,800 if single or married filing separately
   $ 1 $ 2 $ 3 $ 4 $ 5 $ 6 $ 7 $ 8 $ 9 $ 10 $

2. Enter:
   $8,500 if head of household
   $5,800 if single or married filing separately
   $ 2 $ 3 $ 4 $ 5 $ 6 $ 7 $ 8 $

3. Subtract line 2 from line 1. If zero or less, enter "-0-" 3 $ 4 $

4. Enter an estimate of your 2011 adjustments to income and any additional standard deduction (see Pub. 919) 5 $ 6 $ 7 $ 8 $ 9 $ 10 $

5. Add lines 3 and 4 and enter the total. (Include any amount for credits from the Converting Credits to Witholding Allowances for 2011 Form W-4 Worksheet in Pub. 919.) 5 $ 6 $ 7 $ 8 $ 9 $ 10 $

6. Enter an estimate of your 2011 nonwage income (such as dividends or interest) 5 $ 6 $ 7 $ 8 $ 9 $ 10 $

7. Subtract line 6 from line 5. If zero or less, enter "-0-" 7 $ 8 $ 9 $ 10 $

8. Divide the amount on line 7 by $3,700 and enter the result here. Drop any fraction 8 $ 9 $ 10 $

9. Enter the number from the Personal Allowances Worksheet, line H, page 1 9 $ 10 $

10. Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet, also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1 10 $ 11 $

Two-Earners/Multiple Jobs Worksheet (See Two earners or multiple jobs on page 1.)

**Note.** Use this worksheet only if the instructions under line H on page 1 direct you here.

1. Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet) 1 $ 2 $ 3 $ 4 $ 5 $ 6 $ 7 $ 8 $ 9 $ 10 $ 11 $

2. Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However, if you are married filing jointly and wages from the highest paying job are $65,000 or less, do not enter more than "3" 2 $ 3 $ 4 $ 5 $ 6 $ 7 $ 8 $ 9 $ 10 $

3. If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-" and go on Form W-4, line 5, page 1. Do not use the rest of this worksheet) 3 $ 4 $ 5 $ 6 $ 7 $ 8 $ 9 $ 10 $

**Note.** If line 1 is less than line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

4. Enter the number from line 2 of this worksheet 4 $ 5 $ 6 $ 7 $ 8 $ 9 $ 10 $

5. Enter the number from line 1 of this worksheet 5 $ 6 $ 7 $ 8 $ 9 $ 10 $

6. Subtract line 5 from line 4 6 $ 7 $ 8 $ 9 $ 10 $

7. Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here 7 $ 8 $ 9 $ 10 $

8. Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed 8 $ 9 $ 10 $

9. Divide line 8 by the number of pay periods remaining in 2011. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2010. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck 9 $ 10 $

<table>
<thead>
<tr>
<th>Table 1</th>
<th>Table 2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Married Filing Jointly</strong></td>
<td><strong>All Others</strong></td>
</tr>
<tr>
<td>If wages from LOWEST paying job are—</td>
<td>Enter on line 2 above</td>
</tr>
<tr>
<td>$0 - $5,000</td>
<td>0</td>
</tr>
<tr>
<td>5,001 - 12,000</td>
<td>1</td>
</tr>
<tr>
<td>12,001 - 22,000</td>
<td>2</td>
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<tr>
<td>22,001 - 30,000</td>
<td>3</td>
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<tr>
<td>30,001 - 40,000</td>
<td>4</td>
</tr>
<tr>
<td>40,001 - 50,000</td>
<td>5</td>
</tr>
<tr>
<td>50,001 - 60,000</td>
<td>6</td>
</tr>
<tr>
<td>60,001 - 70,000</td>
<td>7</td>
</tr>
<tr>
<td>70,001 - 80,000</td>
<td>8</td>
</tr>
<tr>
<td>80,001 - 90,000</td>
<td>9</td>
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<tr>
<td>90,001 -100,000</td>
<td>10</td>
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<tr>
<td>100,001 -110,000</td>
<td>11</td>
</tr>
<tr>
<td>110,001 -120,000</td>
<td>12</td>
</tr>
<tr>
<td>120,001 -130,000</td>
<td>13</td>
</tr>
<tr>
<td>130,001 and over</td>
<td>14</td>
</tr>
</tbody>
</table>

| **Married Filing Jointly** | **All Others** |
| If wages from HIGHEST paying job are— | Enter on line 7 above |
| $0 - $5,000 | 0 |
| 5,001 - 9,000 | 1 |
| 9,001 - 12,000 | 2 |
| 12,001 - 15,000 | 3 |
| 15,001 - 20,000 | 4 |
| 20,001 - 25,000 | 5 |
| 25,001 - 30,000 | 6 |
| 30,001 - 40,000 | 7 |
| 40,001 - 50,000 | 8 |
| 50,001 - 60,000 | 9 |
| 60,001 - 70,000 | 10 |
| 70,001 - 80,000 | 11 |
| 80,001 - 90,000 | 12 |
| 90,001 -100,000 | 13 |
| 100,001 -110,000 | 14 |
| 110,001 -120,000 | 15 |

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(d) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal non-tax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6109.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.
INSTRUCTIONS
PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM.

Anti-Discrimination Notice. It is illegal to discriminate against any individual (other than an alien not authorized to work in the U.S.) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work 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. All employees, citizens and noncitizens, hired after November 6, 1986, must complete Section 1 of this form at the time of hire, which is the actual beginning of employment. The employer is responsible for ensuring that Section 1 is timely and properly completed.

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

Section 2 - Employer. For the purpose of completing this form, the term "employer" includes those recruiters and referrers for a fee who are agricultural associations, agricultural employers or farm labor contractors.

Employers must complete Section 2 by examining evidence of identity and employment eligibility within three (3) business days of the date employment begins. If employees are authorized to work, but are unable to present the required document(s) within three business days, they must present a receipt for the application of the document(s) within three business days and the actual document(s) within ninety (90) days. However, if employers hire individuals for a duration of less than three business days, Section 2 must be completed at the time employment begins. Employers must record: 1) document title; 2) issuing authority; 3) document number, 4) expiration date, if any; and 5) the date employment begins. Employers must sign and date the certification. Employers may, but are not required to, photocopy the document(s) presented. These photocopies may only be used for the verification process and must be retained with the I-9. However, employers are still responsible for completing the I-9.

Section 3 - Updating and Reverification. Employers must complete Section 3 when updating and/or revalidating the I-9. Employers must reverify employment eligibility of their employees on or before the expiration date recorded in Section 1. Employers CANNOT specify which document(s) they will accept from an employee.

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

Photocopying and Retaining Form I-9. A blank I-9 may be reproduced, provided both sides are copied. The instructions must be available to all employees completing this form. Employers must retain completed I-9s for three (3) years after the date of hire or one (1) year after the date employment ends, whichever is later.

For more detailed information, you may refer to the Department of Homeland Security (DHS) Handbook for Employers, (Form M-274). You may obtain the handbook at your local U.S. Citizenship and Immigration Services (USCIS) office.


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

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

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

Reporting Burden. We try to create forms and instructions that are accurate, can be easily understood and which impose the least possible burden on you to provide us with information. Often this is difficult because some immigration laws are very complex. Accordingly, the reporting burden for this collection of information is computed as follows: 1) learning about this form, 5 minutes; 2) completing the form, 5 minutes; and 3) assembling and filing (recordkeeping) the form, 5 minutes, for an average of 15 minutes per response. If you have comments regarding the accuracy of this burden estimate, or suggestions for making this form simpler, you can write to U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., Washington, DC 20529. OMB No. 1615-0047.

NOTE: This is the 1991 edition of the Form I-9 that has been rebranded with a current printing date to reflect the recent transition from the INS to DHS and its components.

EMPLOYERS MUST RETAIN COMPLETED FORM I-9
PLEASE DO NOT MAIL COMPLETED FORM I-9 TO ICE OR USCIS

Form I-9 (Rev. 05/31/05)
STATE OF CALIFORNIA

STATEMENT OF INTENT TO EMPLOY MINOR AND REQUEST FOR WORK PERMIT

CDE B1-1 (REV. 06-10)

A "Statement of Intent to Employ Minor and Request for Work Permit" form must be completed before a "Permit to Employ and Work" form (CDE B1-4) can be issued to a minor. (California Education Code 49110.1[c])

(Print Information)

Minor’s Information

<table>
<thead>
<tr>
<th>Minor’s Name (First and Last)</th>
<th>Home Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth Date</td>
<td>Social Security Number</td>
</tr>
<tr>
<td></td>
<td>Grade</td>
</tr>
<tr>
<td></td>
<td>Age</td>
</tr>
</tbody>
</table>

Home Address

City

Zip Code

School Information

School Name

School Phone

School Address

City

Zip Code

To be filled in and signed by employer (Please review the General Summary of Minors’ Work Regulations on reverse.)

Business Name or Agency of Placement

Business Phone

Business Address

City

Zip Code

Describe nature of work to be performed:

In compliance with California labor laws, this employee is covered by worker’s compensation insurance. This business does not discriminate unlawfully on the basis of race, ethnic background, religion, sex, sexual orientation, color, national origin, ancestry, age, physical handicap, or medical condition. I here by certify that, to the best of my knowledge, the information herein is correct and true.

Employer’s Name (Print First and Last)

Employer’s Signature

Date

To be filled in and signed by parent or legal guardian

This minor is being employed at the place of work described with my full knowledge and consent. I hereby certify that to the best of my knowledge and belief, the information herein is correct and true. I request that a work permit be issued.

Parent or Legal Guardian’s Name (Print First and Last)

Parent or Legal Guardian’s Signature

Date

For authorized work permit issuer use ONLY

Maximum number of hours of employment when school is in session:

<table>
<thead>
<tr>
<th>Mon</th>
<th>Tue</th>
<th>Wed</th>
<th>Thu</th>
<th>Fri</th>
<th>Sat</th>
<th>Sun</th>
<th>Total</th>
</tr>
</thead>
</table>

Proof of Minor’s Age (Evidence Type)

Verifying Authority’s Name and Title (Print)

Verifying Authority’s Signature

Check Permit Type:
1. Full-time
2. "Work Experience
   Education, Vocational
   Education, or Personal
   Attendant
3. "Workability
4. Restricted
5. General

*EC 49130 | "Special Education Grant | "Workability Permit type defined by local school

Copy—District or County Superintendent; Employer; Parent or Legal Guardian

(Over)
General Summary of Minors' Work Regulations


- If federal laws, state laws, and school district policies conflict, the more restrictive law (the one most protective of the minor) prevails. (FLSA)

- Employers of minors required to attend school must complete a “Statement of Intent to Employ Minor and Request for Work Permit” (CDE B1-1) for the school attendance for each such minor. (EC 49162)

- Employers must retain a “Permit to Employ and Work” (CDE B1-4) for each such minor. (EC 49161)

- Work permits (CDE B1-4) must be retained for three years and be available for inspection by sanctioned authorities at all times. (EC 49164)

- A work permit (CDE B1-4) must be revoked whenever the issuing authority determines the employment is illegal or is impairing the health or education of the minor. (EC 49164)

- A day of rest from work is required in every seven days, and shall not exceed six days in seven. (LC 551, 552)

Minors under the age of 18 may not work in environments declared hazardous or dangerous for young workers, examples listed below: (LC 1285–1312)

1. Explosive exposure
2. Motor vehicle driving/outside helper
3. Roofing
4. Logging and sawmilling
5. Power-driven woodworking machines
6. Radiation exposure
7. Power-driven hoists/forklifts
8. Power-driven metal forming, punching, and shearing machines
9. Power saws and shears
10. Power-driving meat slicing/processing machines

<table>
<thead>
<tr>
<th>HOURS OF WORK</th>
<th>16 &amp; 17 Year Olds</th>
<th>14 &amp; 15 Year Olds</th>
<th>12 &amp; 13 Year Olds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Must have completed 7th grade to work while school is in session</td>
<td>Must have completed 7th grade to work while school is in session</td>
<td>Labor laws generally prohibit non-farm employment of children younger than 14. Special rules apply to agricultural work, domestic work, and the entertainment industry. (LC 1285–1312)</td>
<td></td>
</tr>
</tbody>
</table>

School In Session

- 4 hours per day on any schoolday (EC 49112; 49116; LC 1391)
- 8 hours on any non-schoolday or on any day preceding a non-schoolday. (EC 49112; LC 1391)
- 48 hours per week (LC 1391)
- WEE students & personal attendants may work more than 4 hours on a schoolday, but never more than 8. (EC 49116; LC 1391, 1392)

- 3 hours per schoolday outside of school hours (EC 49112, 49116; LC 1391)
- 8 hours on any non-schoolday
- No more than 18 hours per week (EC 49116; LC 1391)
- WEE students may work during school hours & up to 23 hours per week. (EC 49116; LC 1391)

- 2 hours per schoolday and a maximum of 4 hours per week. (EC 49112)

School Not In Session

- 8 hours per day (LC 1391, 1392)
- 48 hours per week (LC 1391)

- 8 hours per day (LC 1391, 1392)
- 40 hours per week (LC 1391)

- 8 hours per day (LC 1391, 1392)
- 40 hours per week (LC 1391)

Spread of Hours

- 5 a.m.–10 p.m. However, until 12:30 a.m. on any evening preceding a non-schoolday (LC 1391)
- WEE students, with permission, until 12:30 a.m. on any day (LC 1391.1)
- Messengers: 6 a.m.–9 p.m.

- 7 a.m.–7 p.m., except that from June 1 through Labor Day, until 9 p.m. (LC 1391)

- 7 a.m.–7 p.m., except that from June 1 through Labor Day, until 9 p.m. (LC 1391)

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):

☐ A citizen or national of the United States
☐ A Lawful Permanent Resident (Alien #) A
☐ 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:

Issuing authority:

Document #:

Expiration Date (if any):

Document #:

Expiration Date (if any):

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

Signature of Employer or Authorized Representative Print Name Title

Business or Organization Name Address (Street Name and Number, City, State, Zip Code) Date (month/day/year)

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

A. New Name (if applicable)

B. Date of Rehire (month/day/year) (if applicable)

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.

Document Title: Document #: Expiration Date (if any):

I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative Date (month/day/year)
LISTS OF ACCEPTABLE DOCUMENTS

LIST A
Documents that Establish Both Identity and Employment Eligibility

1. U.S. Passport (unexpired or expired)

2. Certificate of U.S. Citizenship (Form N-560 or N-561)

3. Certificate of Naturalization (Form N-550 or N-570)

4. Unexpired foreign passport, with I-551 stamp or attached Form I-94 indicating unexpired employment authorization

5. Permanent Resident Card or Alien Registration Receipt Card with photograph (Form I-151 or I-551)

6. Unexpired Temporary Resident Card (Form I-688)

7. Unexpired Employment Authorization Card (Form I-688A)

8. Unexpired Reentry Permit (Form I-327)

9. Unexpired Refugee Travel Document (Form I-571)

10. Unexpired Employment Authorization Document issued by DHS that contains a photograph (Form I-888B)

OR

LIST B
Documents that Establish Identity

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

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

LIST C
Documents that Establish Employment Eligibility

AND

1. U.S. social security card issued by the Social Security Administration (other than a card stating it is not valid for employment)

2. Certification of Birth Abroad issued by the Department of State (Form FS-545 or Form DS-1350)

3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal

4. Native American tribal document

5. U.S. Citizen ID Card (Form I-197)

6. ID Card for use of Resident Citizen in the United States (Form I-179)

7. Unexpired employment authorization document issued by DHS (other than those listed under List A)

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

STUDENT’S NAME

Please check the appropriate circle when you have included/completed the item(s).

O Age:
Valid proof of age (birth certificate, benefits card with date of birth and social security number
California identification or driver’s license, passport, current school I.D. care with date of birth).

O Picture Identification:
Valid picture I.D. California Identification or driver’s license, passport or current school identification. Must
provide original document.

O Social Security Card:
original Social Security Card (signed). Must provide original document. Name on application and social
security card must be exactly.

O Tuberculosis (TB) Test:
Valid test that is not more than one year old (applicable to internships in schools, child
Care centers and hospitals only).

O Citizenship status:
If non- citizen, must provide original alien registration card. Must provide original Document.

O 1-9 Form:
Dept. of Justice. Immigration and Naturalization (appropriate designation checked, signed)

O W-4 Form:
Deduction indicated (signed).

O Application:
Parental Signature(s) (work permit, verification of information)
Student Signature (verification of information)
Emergency Information provided — WAI Student Baseline & Follow Along (Scan)

Comments

________________________

________________________

________________________

STUDENT RECRUITER
I certify that I have reviewed the above original social security card and or alien registration card.

Recruiters Name_________________________________________ Phone:________________________

School/Agency Name:______________________________________ Date:________________________
In case of an injury, the parent/guardian, or designee, will be contacted at the above telephone number. Emergency treatment will be provided at the nearest medical facility for life-threatening injuries. In case of a non-life-threatening injury, youth employed by the San Francisco Unified School District will be provided treatment at the medical facilities listed below:

<table>
<thead>
<tr>
<th>CA Pacific Medical Center</th>
<th>S.F. General Hospital</th>
<th>St. Mary's Hospital</th>
<th>St. Francis Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Castro/Duboce St.</td>
<td>1101 Potrero Ave.</td>
<td>900 Hyde St.</td>
<td>900 Hyde St.</td>
</tr>
<tr>
<td>Phone: 600-6000</td>
<td>Phone: 206-8111</td>
<td>Phone: 353-6300</td>
<td>Phone: 353-6300</td>
</tr>
</tbody>
</table>

List medical conditions, physical and/or mental, for which medications are being taken (list medications, or indicate "none" if not on any medication).

Signature of Parent/Guardian
Signature of Participant (18 years & older)

Note: a signed emergency information form must be on file at each site. Respond to all questions.

<table>
<thead>
<tr>
<th>Intern Name (Last, First)</th>
<th>Social Security Number</th>
<th>Home Phone</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>Zip Code</th>
<th>School Name</th>
</tr>
</thead>
</table>

Special Instructions

**Internship Site Data**

<table>
<thead>
<tr>
<th>Name of Company</th>
<th>Address</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Contact Person #1</th>
<th>Telephone</th>
<th>Telephone</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Contact Person #2</th>
<th>Telephone</th>
<th>Telephone</th>
</tr>
</thead>
</table>

Intern's Hourly Rate of Pay $:

<table>
<thead>
<tr>
<th>Start Date:</th>
<th>End Date:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Days</th>
<th>S</th>
<th>M</th>
<th>T</th>
<th>W</th>
<th>TH</th>
<th>F</th>
<th>S</th>
<th>Total</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Hours</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>
WORKABILITY I
STUDENT BASELINE AND FOLLOW-ALONG 2010-2011

STUDENT IDENTIFYING INFORMATION

<table>
<thead>
<tr>
<th>STUDENT LAST NAME</th>
<th>FIRST NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

State ID 

Date of Birth 

[ ] Male  [ ] Female 

[ ] # of Years in the WA I Program 

Grade 

School Year 

<table>
<thead>
<tr>
<th>ETHNICITY</th>
<th>STUDENT'S PRIMARY DISABILITY (MARK ONE ONLY)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>African American</th>
<th>Pacific Islander</th>
<th>Mentally Retarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>American</td>
<td>Alaskan Native</td>
<td>Hard of Hearing</td>
</tr>
<tr>
<td>Samoan</td>
<td>Hispanic/Latino</td>
<td>Deaf</td>
</tr>
<tr>
<td>Asian</td>
<td>Japanese</td>
<td>Speech/Language Impaired</td>
</tr>
<tr>
<td>Cambodian</td>
<td>Korean</td>
<td>Visually Impaired</td>
</tr>
<tr>
<td>Chinese</td>
<td>Hawaiian</td>
<td>Seriously Emotionally Disturbed</td>
</tr>
<tr>
<td>Filipino</td>
<td>Multi-Ethnic</td>
<td>Orthopedically Impaired</td>
</tr>
<tr>
<td>Vietnamese</td>
<td>Other</td>
<td>Autistic</td>
</tr>
</tbody>
</table>

Is the Student SH or NON SH? 

Severely Handicapped  [ ]  Non-severely Handicapped  [ ]

<table>
<thead>
<tr>
<th>SCHOOL-BASED COMPONENT</th>
<th>General Ed</th>
<th>Special Ed</th>
<th>WAI</th>
<th>ROC/P</th>
<th>Dept. of Rehab</th>
<th>School Counselor</th>
<th>Regional Center</th>
<th>other</th>
</tr>
</thead>
</table>

Career/Vocational Assessments 
Career Counselling and Guidance 
Youth Development and Leadership 
Curriculum Integration of Work Readiness Skills 
Career/Transition Portfolio 
Vocational/Career Technical Classes 
Independent Living/Functional Skills 

<table>
<thead>
<tr>
<th>CONNECTING ACTIVITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Partnership Collaboration</td>
</tr>
<tr>
<td>Parent Participation</td>
</tr>
</tbody>
</table>

WORK-BASED COMPONENT

Career Awareness Activities 
Career Preparation 
Preparation for Work Site 
Job Search 
Placement Services 
Employment 
Job Retention 
Work Site Mentor 
Job Coach 
Mobility Training 
Work - Based Follow Along 
Follow-Up