

SOUTHEAST LOS ANGELES COUNTY
WORKFORCE DEVELOPMENT BOARD

YOUTH AGES 18-24



A proud partner of
America's JobCenter
of California™

Youth Employment Program Checklist

Youth Information:

Name: _____ Phone: _____
Email: _____ Receiving CalWorks? _____

Required documents, must bring copy of:

- CA ID or Passport
- Library Card
- Social Security Card

Forms:

- | | |
|--|---|
| <input type="checkbox"/> Application | <input type="checkbox"/> I-9 |
| <input type="checkbox"/> Individual Assessment IA Form | <input type="checkbox"/> W-4 |
| <input type="checkbox"/> Consent and Release Form | <input type="checkbox"/> EDD Employee Withholding Allowance Cert. |

Note: Your application will not be accepted if it is not legible. Please write as neatly as possible.

<p>Office Use Only:</p> <p>Packet Reviewed by Initials: _____</p> <p>Date: _____</p> <p>Funding Category: _____</p>



Youth Employment Program Application

Youth Information:

Name: _____ Birthdate: _____

Address: _____

Phone Number: _____ Email: _____

Citizen: Yes No Identified as LGBTQ+: Yes No Hispanic: Yes No

Sex at birth: Female Male Prefer not to disclose

Gender Considered:

- Male Transgender
 Female Prefer not to disclose
 Do not identify as man, woman, or transgender

Race:

- African American/Black White
 American Indian/Alaskan Native I do not wish to answer
 Asian Multi Race
 Hawaiian/Other Pacific Islander

Education Status:

- Student H.S or less Out-of-school, H.S grad, no employment difficulty
 Student attending post H.S. Alternative School
 Out-of-School, H.S dropout High School Graduate
 Out-of-School, H.S grad, employment difficulty Attending College
 Associate's Degree Bachelor's Degree

Highest Grade Completed: _____

Demographics:

Please note that responding yes or no does not hurt your chances of qualifying for the program. This information will remain confidential.

1. Are you foster child: _____
2. Are you a runaway youth? _____
3. Do you or your family receive TANF/CalWorks? _____
4. Do you or your family receive Food Stamps? _____
5. Do you have a disability? _____
6. Are you homeless? _____
7. Are you a pregnant or parenting youth? _____
8. Are you a veteran? _____
9. Do you have Medical? _____
10. Does your family receive WIC (Women Infant Children coupons)? _____

How did you hear about the program:

- Boys and Girls Club
- Delete the Divide
- Facebook
- Faith and Community Empowerment (FACE) LA
- Instagram
- LA County Website
- LinkedIn
- On-line news site
- Radio
- Reddit
- Referred by someone
- Television
- TikTok
- Twitter
- Other _____

STATE OF CALIFORNIA DEPARTMENT OF EDUCATION

STATEMENT OF INTENT TO EMPLOY A MINOR AND REQUEST FOR A WORK PERMIT—CERTIFICATE OF AGE

CDE Form B1-1 (Rev. 02-14)

A "STATEMENT OF INTENT TO EMPLOY A MINOR AND REQUEST FOR A WORK PERMIT—CERTIFICATE OF AGE" form (CDE Form B1-1) shall be completed in accordance with California *Education Code* 49162 and 49163 as notification of intent to employ a minor. This form is also a Certificate of Age pursuant to California *Education Code* 49114.

*(Print Information)***Minor's Information**

Minor's Name (First and Last)	Home Phone	Grade	
Home Address	City	Zip Code	
Birth Date	Social Security Number	Age	Student's Signature

School Information

School Name	School Phone	
School Address	City	Zip Code

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.

Parent's Name (Print First and Last)	Parent's Signature	Date
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To be filled in and signed by employer

CITY OF HAWAIIAN GARDENS	562-420-2641	KRISTINA TORREYSON
Business Name or Agency of Placement	Business Phone	Supervisor's Name
21815 PIONEER BLVD	HAWAIIAN GARDENS	90716
Business Address	City	Zip Code

Employer's Maximum Expected Work Hours: 8 hours per day 40 hours per week

Describe nature of work to be performed: Student will complete 140 hours of paid work-based training with the City's Youth @ Work Program. Student workers will perform various tasks to enhance their work experience training.

In compliance with California labor laws, this employee is covered by workers' 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 hereby certify that, to the best of my knowledge, the information herein is correct and true.

Kristina Torreyson (City of Hawaiian Gardens)	<i>Kristina Torreyson</i>	
Employer's Name (Print First and Last)	Employer's Signature	Date

For authorized work permit issuer use ONLY

Maximum number of work hours when school is in session:	Maximum number of work hours when school is not in session:
Mon Tues Wed Thur Fri Sat Sun Total	Mon Tues Wed Thur Fri Sat Sun Total
Proof of Minor's Age (Evidence Type)	Check Permit Type: <input type="checkbox"/> Full-time <input type="checkbox"/> Restricted <input type="checkbox"/> General <input checked="" type="checkbox"/> Work Experience Education, Vocational Education, or Personal Attendant <input type="checkbox"/> Workability
Verifying Authority's Name and Title (Print)	
Verifying Authority's Signature	

For more information about child labor laws, contact the U.S. Department of Labor at <http://www.dol.gov/>, and the State of California Department of Industrial Relations, Division of Labor Standards Enforcement at <http://www.dir.ca.gov/DLSE/dlse.html>.



**COUNTY OF LOS ANGELES YOUTH@WORK
INDIVIDUAL ASSESSMENT (IA) FORM**

Name Date of Birth Last 4 Digits of SSN

Age Phone E-Mail

CalWORKs GAIN/CalLEARN Yes: ___ No: ___

Do you have any bank account? Yes: ___ No: ___

Do you have health insurance? Yes: ___ No: ___

Section B: Supportive Services

Transportation Work Clothing Tools for Work

If Youth receives CalWORKs and has a GAIN Worker, please refer Youth to his/her GAIN Worker for Supportive Services.

Section C: Past Work Experience

From/To Job Title Duties

Section D: Work-Related Interest and Preferences

Do you like working indoors or outdoors ? Other preference:

Do you like working with children? Yes No Other preference:

Do you like working with computers? Yes No Other preference:

Section E: Skills and Aptitudes

Please check all that apply.

Office Equipment Computer Programs Clerical Creative Other

Computer Word Keyboarding Drawing Gardening

Fax Machine Excel Typing Painting Babysitting

Calculator PowerPoint Phones Graphic Design Bilingual

Copier Other: Other: Photography Language:

Other: Other: Other: Other:

Other skills/aptitudes:

Section F: Service Plan

Paid Work Experience Anticipated Length:

I have completed the information within this Individual Assessment and I have reviewed and understand the service in which I will participate as part of my involvement in the County of Los Angeles Youth@Work Program.

Participant Signature: Date:

Staff Signature: Date:

**COUNTY OF LOS ANGELES YOUTH@WORK
INDIVIDUAL ASSESSMENT (IA) FORM INSTRUCTIONS**

Section A: Youth Information

Record the correct contact information and personal information of the youth.

Section B: Supportive Services

Record if Youth receives CalWORKs and has a GAIN Worker. Refer Youth to his/her GAIN Worker for Supportive Services.

Section C: Past Work Experience

Record any prior work experience beginning with the most recent experience.

Section D: Work-Related Interests and Preferences

Discuss and document the youth's interests and explore their aptitudes.

Section E: Skills and Aptitudes

Discuss and document the youth's skills and aptitudes, such as working with office equipment, using computer programs, performing clerical tasks. Record their answers in this section and use the space provided for unlisted items if needed.

Section F: Service Plan

Indicate the recommended number of hours for Work Experience. **Please note that the Work Experience hours SHALL NOT exceed the hours indicated on the Work Permit.**

Attachment VIII

Revised June 2018



department
of economic
opportunity
COUNTY OF LOS ANGELES

COUNTY OF LOS ANGELES
YOUTH@WORK PROGRAM
CONSENT AND RELEASE AGREEMENT - ADULT

I, _____, agree to the following:

I affirm that I am a resident of Los Angeles County and that I meet **one** of the following target populations (check only one):

- LGBTQ+
 Current Foster
 Probation
 Low Income
 Homeless
 Person with disabilities
 English Language Learner
 Former Foster

I understand that provisions of law, including but not limited to Welfare & Institutions Code Section 10850, make information related to receipt of public social services confidential. I further understand that these laws protect the identity of applicants and recipients of public assistance, such as myself, from the unauthorized release of confidential welfare information.

I understand that my identity including my photograph and/or a videotape recording of me indicating that I am a recipient of public social services is confidential information.

I understand that the County would like to photograph persons receiving services through the Department of Economic Opportunity (DEO). I understand that I am not required to provide an interview or release any information to the media for this use.

I understand that by signing this agreement, the County may photograph, videotape, and release my identity for use in the DEO intranet, the DEO public website, a County Newsletter or other publication promoting County services and programs.

I do not authorize any photography.

I understand that I have the right to give or withhold my permission to allow the County to photograph or videotape me, and that the decision on whether to permit the County to photograph or videotape me will not affect my ability to receive social service benefits.

I voluntarily consent and authorize the County of Los Angeles, its agents and employees to release my identity and any other confidential information provided by me for the purposes stated herein. I understand and agree that I will receive no money or other benefits from the County of Los Angeles or any other party as a result of consenting to the release of such information.

I agree to release the County of Los Angeles, its agents, and employees from any liability whatsoever, including for injuries, damages and losses, known or unknown, resulting from giving confidential information provided by me and about me to the media with my consent.

8. I acknowledge that before signing this consent and release agreement, I have carefully read and fully understand its terms.
9. I understand that I have the right to file a Complaint of Discriminatory treatment if at any time I feel that I have been discriminated against. Complaints may be made in writing or by telephone and addressed to:

Agency Supervisor

Phone Number

I understand that I may cancel this authorization at any time by notifying in writing the designated Agency Staff person indicated below:

Agency Staff Person

Phone Number

I understand that this release expires one (1) year from the date of my signature below.

Print Name of Participant

Home Address

Signature

Date

Phone Number

Email

A copy of this form was provided to Youth@Work Participant on _____ by _____ . The original document is to be kept in the case file.



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9

OMB No. 1615-0047
Expires 07/31/2026

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the Instructions.

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

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 (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address			Employee's Telephone Number
<p>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</p>		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		<input type="checkbox"/> 1. A citizen of the United States				
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)				
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)				
<input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)						
If you check Item Number 4., enter one of these:						
USCIS A-Number		OR	Form I-94 Admission Number		OR	Foreign Passport Number and Country of Issuance
Signature of Employee				Today's Date (mm/dd/yyyy)		

If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the Preparer and/or Translator Certification on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign Section 2 within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

Document Title 1	List A	OR	List B	AND	List C
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)	Additional Information				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

Check here if you used an alternative procedure authorized by DHS to examine documents.

Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears 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.

Last Name, First Name and Title of Employer or Authorized Representative		Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
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Employer's Business or Organization Name CITY OF HAWAIIAN GARDENS	Employer's Business or Organization Address, City or Town, State, ZIP Code 21815 PIONEER BLVD. HAWAIIAN GARDENS CA 90716
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For reverification or rehire, complete Supplement B, Reverification and Rehire on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

Examples of many of these documents appear in the Handbook for Employers (M-274).

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 an individual temporarily authorized to work for a specific employer because of his or her status or parole: <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 individual's status or parole 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 <p style="margin-left: 20px;">For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, Item Number 4, document, not a List C document.</p>
<p>Acceptable Receipts</p> <p>May be presented in lieu of a document listed above for a temporary period.</p> <p>For receipt validity dates, see the M-274.</p>				
<ul style="list-style-type: none"> • Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp issued to a refugee. 	OR	<p>Receipt for a replacement of a lost, stolen, or damaged List B document.</p>	AND	<p>Receipt for a replacement of a lost, stolen, or damaged List C document.</p>

*Refer to the Employment Authorization Extensions page on **I-9 Central** for more information.

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.

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		
	City or town, state, and ZIP code		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	(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, and when to use the estimator at www.irs.gov/W4App.

Step 2: Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs. Do **only one** of the following.

Multiple Jobs or Spouse Works

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate

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

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

Step 5: Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Sign Here

Employee's signature (This form is not valid unless you sign it.)

Date

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)
	CITY OF HAWAIIAN GARDENS 21815 PIONEER BLVD. HAWAIIAN GARDENS CA 90716		

Employee's Withholding Allowance Certificate

Complete this form so that your employer can withhold the correct California state income tax from your paycheck.

Enter Personal Information	
First, Middle, Last Name	Social Security Number
Address	Filing Status
City State ZIP Code	<input type="checkbox"/> Single or Married (with two or more incomes) <input type="checkbox"/> Married (one income) <input type="checkbox"/> Head of Household

- Use Worksheet A for Regular Withholding allowances. Use other worksheets on the following pages as applicable.
 - Number of Regular Withholding Allowances (**Worksheet A**) 0
 - Number of allowances from the Estimated Deductions (**Worksheet B**, if applicable.) 0
 - Total Number of Allowances you are claiming 0
- Additional amount, if any, you want withheld each pay period (if employer agrees), (**Worksheet C**)
OR

Exemption from Withholding

- I claim exemption from withholding for 2024, and I certify I meet both of the conditions for exemption. (Check box here)
OR
- I certify under penalty of perjury that I am **not subject** to California withholding. I meet the conditions set forth under the Service Member Civil Relief Act, as amended by the Military Spouses Residency Relief Act and the Veterans Benefits and Transition Act of 2018. (Check box here)

Under the penalties of perjury, I certify that the number of withholding allowances claimed on this certificate does not exceed the number to which I am entitled or, if claiming exemption from withholding, that I am entitled to claim the exempt status.

Employee's Signature _____ Date _____

Employer's Section: Employer's Name and Address City of Hawaiian Gardens 21815 Pioneer Blvd. Hawaiian Gardens CA 90716	California Employer Payroll Tax Account Number 925-0325-9
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Purpose: The *Employee's Withholding Allowance Certificate* (DE 4) is for **California Personal Income Tax (PIT)** withholding purposes only. The DE 4 is used to compute the amount of taxes to be withheld from your wages, by your employer, to accurately reflect your state tax withholding obligation.

Beginning January 1, 2020, *Employee's Withholding Allowance Certificate* (Form W-4) from the Internal Revenue Service (IRS) will be used for federal income tax withholding **only**. You must file the state form DE 4 to determine the appropriate California PIT withholding.

If you do not provide your employer with a DE 4, the employer must use Single with Zero withholding allowance.

Check Your Withholding: After your DE 4 takes effect, compare the state income tax withheld with your estimated total annual tax. For state withholding, use the worksheets on this form.

Exemption From Withholding: If you wish to claim exempt, complete the federal Form W-4 and the state DE 4. You may claim exempt from withholding California income tax if you meet both of the following conditions for exemption:

- You did not owe any federal/state income tax last year, and
 - You do not expect to owe any federal/state income tax this year. The exemption is good for one year.
- If you continue to qualify for the exempt filing status, a new DE 4 designating **exempt** must be submitted by February 15 each year to continue your exemption. If you are not having federal/state income tax withheld this year but expect to have a tax liability next year, you are required to give your employer a new DE 4 by December 1.
- Member Service Civil Relief Act:** Under this act, as provided by the Military Spouses Residency Relief Act and the Veterans Benefits and Transition Act of 2018, you may be exempt from California income tax withholding on your wages if
- Your spouse is a member of the armed forces present in California in compliance with military orders;
 - You are present in California solely to be with your spouse; and
 - You maintain your domicile in another state.
- If you claim exemption under **this** act, **check the box on Line 4**. You may be required to provide proof of exemption upon request.