

# Potrero Hill Neighborhood House

953 DeHaro Street • San Francisco, California 94107 • (415) 826-8080 • FAX (415) 826-5252



## Experiment In Diversity Program Description

Experiment In Diversity is a College and Career Awareness program for middle school students. This program is designed to be robust and relevant to the real world, building the knowledge and skills young people need for success in school, college and career. We provide academic support via home work help and tutorials. We explore post-secondary options, create education plans and career maps using all forms of media. We work with our youth to design career paths that will support them obtaining gainful employment in a field of interest. We also provide workshops on developing interviewing, public speaking, leadership and civil engagement skills. Students learn how to finance their college education, via financial aid, scholarships, military, etc. We visit local businesses and colleges, host panel discussions, prepare resumes, cover letters and reference lists. We engage in team building exercises to build camaraderie among students and adults. Accordingly, we use Project Based Learning to allow Students to explore real-world problems and challenges, spark interest and inspire them to obtain a deeper knowledge of the subjects studied. Students participate in Cultural, Identity & Diversity studies to allow them to gain appreciation for their own culture and others to create intercultural competency. Likewise, students are involved in Service projects through the Potrero Hill Neighborhood House's Community Food Pantry. Daily enrichment activities are vast and include sports, dance, STEAM and culinary. Our youth can earn up to **\$1600.00** in incentives as they fulfill program goals, which includes attending school, completing homework, providing report cards and/or progress reports, completing college & career curriculum and program surveys. Finally, our incentive package covers monetary awards, fieldtrips to theme parks and fine dining establishments, shopping awards and much, much more!



Member agency of the United Way of the Bay Area <sup>1</sup> • Related to the United Presbyterian Church, U.S.A.

# Experiment In Diversity (EID) Application

Dear Applicant,

Welcome to Experiment In Diversity! We are so excited that you are interested in working with us, as our goals are to help you succeed in school, expose you to college and trending businesses, increase awareness of San Francisco's cultures and develop healthy social interactions amongst peer groups within our communities.

This packet contains the following forms:

1. Experiment In Diversity program description (who we are and what we do)
2. Student intern questionnaire (to help us get to know you)
3. Student intern application questions (for you to fill out)
4. Parent consent/emergency and income forms (for parents to fill out)

Please read and complete the entire application. Take your time and feel free to ask questions.

**Once your application is complete, return it along with a copy of your last report card, and we will set up an interview appointment.**

**Thank You!**

# Student Intern Application Questions

Experiment In Diversity is committed to working with a diverse group of youth from throughout San Francisco. The following questions are to learn more about you and your interests. Please carefully think about your answer before writing it down so we can acquire as much about you as possible. You may use a separate sheet of paper to answer these questions.

1. Why are you interested in the internship position with EID? How will our program help you achieve your education and career goals?
  
  
  
  
  
  
  
  
  
  
2. What skills would you like to develop during the next two years to support your education and career goals?  
(EX: during your student internship you'll be interested in working on public speaking, academics, leadership, communication, organization skills, etc.)
  
  
  
  
  
  
  
  
  
  
3. Please tell us about your interests at school and home.  
(EX: I like  
math, dancing, shopping, sports, gaming, TikToc, etc.)
  - a. What activities naturally motivate and inspire you at school?
  - b. What kind of activities do you engage in at home to contribute to your development?

# Experiment In Diversity

## Application Personal Information

Name: \_\_\_\_\_ Age: \_\_\_\_ Date of Birth: \_\_\_\_\_

Sex: M / F Ethnicity: African Amer. Asian Hispanic Middle Eastern  
Pacific Island European Multiracial/Multiethnic Other \_\_\_\_\_

Language spoken at home: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: San Francisco State: CA Zip: \_\_\_\_\_

Housing Status: Permanente / Stable; Homeless / Shelter/ family / transition

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian/Caregiver Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency phoneNumber: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency phoneNumber: \_\_\_\_\_ Relationship: \_\_\_\_\_

# Experiment In Diversity

## Parent/Guardian/Caregiver Consent Form

Dear Parent/Guardian/Caretaker:

This page contains three different permission requests. Please review each section and sign to provide Authorization to participate in program activities, Media release and permission to Rapid test after extended absences, which are required by all participants.

### **Authorization to participate in the Experiment In Diversity program**

By signing below, you are acknowledging the following:

- You are aware and consent to your child's participation in the Experiment in Diversity Program
- You are responsible for any damages or mishaps your child causes
- You authorize your child to participate in all fieldtrips of the Experiment In Diversity Program.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### **Potrero Hill Neighborhood House Summer in the City Media Release**

I understand that Summer in the City+ regularly takes pictures and video of program activities. Some of these pictures and video will be used as agency and partners (DCYF, Handful Projects, etc) information through newsletters, internet presence, zoom programs, agency brochures, displays, etc. By signing this release, I am authorizing PHNH to use any pictures or video that may include my child's photo, as well as any captions or names associated with the activity.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### **Permission for Rapid Test screening upon return from extended time out or out of town vacation**

By signing below, you are acknowledging the following:

- You are aware and consent to your child's participation in Rapid Testing screening. We ask that you administer the test or approve screening by Potrero Hill Neighborhood House staff.

\_\_\_\_\_  
Parent/Guardian/Caregiver Signature

\_\_\_\_\_  
Date

**Potrero Hill Neighborhood House Summer in the City Youth Program,**

**Student Emergency / Medical Information Form**

Note: This page must be fully completed

Child's Name: \_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle)

Address: \_\_\_\_\_  
\_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)

Phone: \_\_\_\_\_ Child Lives with: Family Foster Group Home Homeless

School : \_\_\_\_\_ Grade \_\_\_\_\_ Other \_\_\_\_\_

Parent/Guardian/Caregiver Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Emergency Contact:** In case child listed above becomes ill or is injured during program and Parent/Guardian/Caregiver cannot be contacted, the P.H.N.H. authorities have my permission to contact and release my child to the custody of one of the following:

	Name	Relationship	Phone Number
1			
2			

**Can your Daughter or Son:** \_\_\_\_\_ **(circle one)**

Receive emergency medical treatment if necessary? Yes No

Be taken to the nearest medical facility? Yes No → If No, please specify the facility your

**Does your Daughter or Son have healthcare Insurance?** Yes No daughter or son should be taken to:

If yes: Facility \_\_\_\_\_

Name if Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_ Address \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Phone: \_\_\_\_\_ Phone \_\_\_\_\_

Please indicate any special needs your child may have that would affect his/her participation in the planned program activities.

**NOTE: A licensed physician's written medical assessment and immunization records of the child must be received within 30 days of admission into this program.**

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Disability/Special Needs: \_\_\_\_\_

Should the need occur I authorize the Potrero Hill Neighborhood House (PHNH) staff or any medical personnel to act in accordance to the above instructions. If in the event that the medical services needed are not clearly addressed above, I authorize PHNH or any medical personnel to exercise their best judgment in providing appropriate medical service.

\_\_\_\_\_  
Parent/Guardian/Caregiver Signature

\_\_\_\_\_  
Date

**Potrero Hill Neighborhood House**  
**Experiment In Diversity**  
**College & Career Exploration Program**  
**Release of Information Consent Form**

I hereby authorize \_\_\_\_\_, Potrero Hill Neighborhood House, Experiment In Diversity staff to represent \_\_\_\_\_ (student) at school conferences, parent teacher meetings, IEP meetings and other school activities where adult supervision/representation/signature may be required. Accordingly, I authorize Release of Information to exchange IEP/Educational, Social/Development, Psychological, Speech/Language and/or Medical information between SFUSD and the above listed Agency/ Individual.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

By Signing this form, you acknowledge the following:

- A. Potrero Hill Neighborhood House staff will maintain contact with parent/guardian to properly represent their point of view, acquire acknowledgement and agreement on actions taken, and provide updates on students' status.
- B. Potrero Hill Neighborhood House staff will maintain contact with students and schools to gain access to clever to monitor the students' attendance, progress and behavior in school.
- C. Potrero Hill Neighborhood House staff will work with parents, teachers and students to provide strategies and/or recommendations for appropriate actions to actions to support and enhance the students' progress in school.

Parent/Guardian Name: \_\_\_\_\_

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

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

## Authorization for Release of Confidential Student Information

Agency Name: Potrero Hill Neighborhood House EID Program

Participant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

The San Francisco Department of Children, Youth, and Their Families (DCYF) funds our agency and the services we provide. To fulfill the requirements of this funding, we share information about the participants in our services with DCYF. DCYF and the San Francisco Unified School District (SFUSD) maintain a shared, secure database to record information about services provided to San Francisco youth by DCYF's grantees in order to facilitate outreach and enrollment and track program use and impact. As a DCYF grantee, our agency has access to the shared database to both see and report data about the youth we serve. The data that we report to DCYF is also shared with SFUSD.

By signing this form, you authorize:

1. Our agency to share information about your child's participation in our program (or your participation, if you are 18 years of age or older) with authorized staff at DCYF and SFUSD for the purposes described above. The information that our agency reports to DCYF includes:
  - Person information, such as name, date of birth, and address;
  - Demographic information, such as race/ethnicity and gender identity;
  - Education information, such as school name and grade level;
  - Participation in activities and services, such as dates of attendance dates and hours attended; and Anonymous and voluntary youth experience surveys.
2. SFUSD to share certain information about your child (or you, if you are 18 years of age or older) with authorized staff from our program as a DCYF grantee. The information that SFUSD reports to DCYF includes:
  - Personal information, such as name, date of birth, and address;
  - Education information, such as school name and grade level; and
  - Dates of attendance in SFUSD or an SFUSD school.

DCYF, SFUSD, or our agency will not publicly report any information that we provide in a way that may be used to identify your child (or you, if you are 18 years of age or older).

**Restrictions:** All information that we provide or access that is related to an SFUSD student is protected by federal and state laws that govern the use, disclosure and re-disclosure of student education records. Parties other than DCYF, SFUSD and our agency will not have access to any personally identifiable information that is reported into the database, except to the extent that the parties have obtained prior written authorization from you or have followed SFUSD policies and procedures to obtain access to such information.

**Expiration:** This authorization expires on June 30, 2024.

**Your Rights:** You may refuse to sign this form. You may cancel it at any time by information our agency in writing. If you cancel your permission allowing us to release information to DCYF and SFUSD, and SFUSD to our agency, it will go into effect immediately, unless the information has already been released. You have a right to receive a copy of this form.

**Name:** \_\_\_\_\_ **Signature** \_\_\_\_\_

**Relationship to Participant:**  Parent  Legal Guardian  Participant 18+ Years of Age **Date:** \_\_\_\_\_



# 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.

**2023**

<b>Step 1:</b> <b>Enter Personal Information</b>	<b>(a)</b> First name and middle initial _____	Last name _____	<b>(b)</b> Social security number _____
	Address _____		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
	City or town, state, and ZIP code _____		
	<b>(c)</b> <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

**Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5.** See page 2 for more information on each step, who can claim exemption from withholding, other details, and privacy.

**Step 2: Multiple Jobs or Spouse Works**

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.

**(a)** Reserved for future use.

**(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

**TIP:** If you have self-employment income, see page 2.

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

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

<b>Step 5: Sign Here</b>	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	_____ <b>Employee's signature</b> (This form is not valid unless you sign it.)		_____ <b>Date</b>

<b>Employers Only</b>	Employer's name and address _____	First date of employment _____	Employer identification number (EIN) _____
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## General Instructions

Section references are to the Internal Revenue Code.

### Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to [www.irs.gov/FormW4](http://www.irs.gov/FormW4).

### Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

**Exemption from withholding.** You may claim exemption from withholding for 2023 if you meet both of the following conditions: you had no federal income tax liability in 2022 **and** you expect to have no federal income tax liability in 2023. You had no federal income tax liability in 2022 if (1) your total tax on line 24 on your 2022 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2023 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2024.

**Your privacy.** If you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c).

**Self-employment.** Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay income and self-employment taxes through withholding from your wages, you should enter the self-employment income on Step 4(a). Then compute your self-employment tax, divide that tax by the number of pay periods remaining in the year, and include that resulting amount per pay period on Step 4(c). You can also add half of the annual amount of self-employment tax to Step 4(b) as a deduction. To calculate self-employment tax, you generally multiply the self-employment income by 14.13% (this rate is a quick way to figure your self-employment tax and equals the sum of the 12.4% social security tax and the 2.9% Medicare tax multiplied by 0.9235). See Pub. 505 for more information, especially if the sum of self-employment income multiplied by 0.9235 and wages exceeds \$160,200 for a given individual.

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

## Specific Instructions

**Step 1(c).** Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

**Step 2.** Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

If you (and your spouse) have a total of only two jobs, you may check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



**Multiple jobs.** Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

**Step 3.** This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

### Step 4 (optional).

**Step 4(a).** Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

**Step 4(b).** Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2023 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

**Step 4(c).** Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.



**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>	
<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>	
1. Alien Registration Number/USCIS Number: _____ <b>OR</b> 2. Form I-94 Admission Number: _____ <b>OR</b> 3. Foreign Passport Number: _____ Country of Issuance: _____	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.")*

<b>Employee Info from Section 1</b>	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identify 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		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
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.)**

<b>A. New Name (if applicable)</b>			<b>B. Date of Rehire (if applicable)</b>	
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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