Instructions:
The Mayor’s Summer Youth Employment Program (MSYEP) offers work experience, teaches valuable employment skills, and provides you with a summer income. MSYEP educational activities will enhance your summer experience, allowing you to develop career awareness, understanding of personal money management, and work-related social skills.

MSYEP is open to all City of Jackson residents between ages 16 through 24. Must be age 16 by March 6th.

Each applicant may submit only ONE application
All applications must have a unique Email address and Social Security Number used to identify the applicant.

To apply for MSYEP:
• Visit http://www.jacksonms.gov must print, complete, and return application to the City of Jackson Department of Human and Cultural Services (Jackson Metrocenter Mall, 1000 Metrocenter Drive, Suite 101) Attn: Beverley Johnson-Durham

The DEADLINE for submitting your application is Wednesday, March 6, 2019 at 4:00 pm.

Interviews will be conducted March 11-14, 2019

SUBMISSION OF AN APPLICATION DOES NOT GUARANTEE ACCEPTANCE INTO THE PROGRAM.

Selection is contingent upon available positions based on program funding.

If you are elected for MSYEP you will be notified by the MSYEP staff.
Note: The Following DOCUMENTS must be turned in with application

___ Proof of Residency
___ Social Security Card

___ Proof of Income (Parent/ Self)
___ Birth Certificate/ Passport

*3 recent check stubs, SSI, TANF, etc.
___ Copy of School ID, Driver’s License or MS ID

For more information of if you have questions about completing this form or the required documents, please contact 601.960.0335 and ask about MSYEP.

Information provided may be used by the City of Jackson to improve City services or to access additional funding. MSYEP in NOT a first-come/ first-served program.

ALL ACCEPTED APPLICANTS WILL BE SUBJECT TO A BACKGROUND CHECK & DRUG TEST!!

The Mayor’s Summer Youth Employment Program (MSYEP) does not discriminate on the basis of age, race, creed, color, national origin, gender, sexual orientation, or disability. MSYEP will provide auxiliary aids and services, written materials in alternative formats and reasonable notifications in policies and procedures to qualified individuals with disabilities upon request.

The DEADLINE for submitting your application is Wednesday, March 6, 2019 by 4:00 pm

Return to: 1000 Metrocenter Drive Suite 101 – Attn: Beverley Johnson-Durham
Department of Human & Cultural Services  
Family & Youth Division  
Mayor’s Summer Youth Employment Program  
(MSYPEP)

Name: ________________________________________________________

Last                                    First                                    Middle

Address: ________________________________________________________

Number and Name of Street                           Apt.#                           Zip Code

Cell Phone: ___________________________   Email Address: ___________________________

Home: ___________________________   Age: _________   Date of Birth: ___/___/_______   Must be age by March 1st

Gender: ___________________________ (Male or Female)

Ethnicity (circle) (optional): White, Black, Latino, Asian American, Indian, Other: ___________________________

Parent/ Guardian Full Name: ___________________________   Daytime Phone: ___________________________

ARE YOU A U.S. CITIZEN? Yes_____ No_____ 

Income

Family Annual Income: ___________________________ (submit 3 recent check stubs or award letter)

Do you receive public assistance? Yes____ No_____; Type: ________ (SSI, TANF, SNAP, etc.)

Number of people in household under the age of 18______ over age 18______ (including parents)

Single Parent Household? Yes_____ No_____ 

Education: Please list all schools attended:

<table>
<thead>
<tr>
<th>SCHOOL NAME</th>
<th>LOCATION</th>
<th>GRADUATED</th>
<th>DEGREE/ DIPLOMA</th>
<th>DATES ATTENDED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>(Yes or No)</td>
<td>(Yes or No)</td>
<td></td>
</tr>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Policy prohibits employment in the same department or position reporting directly or indirectly to relatives. Do you have relatives employed by the City of Jackson? Yes____ No____; If so: Name: ___________________________ Department: ___________________________

Work Experience and Interests

Have you participated in the City of Jackson Mayor Summer Youth Employment Program? Yes____ No____; If so what year(s)? _____________

Please describe your most Recent job if you have worked before. Where? ____________________________________________ When? ____________________________________________

What skills did you learn at this job? ____________________________________________

Circle the THREE phrases below that best describe you:

- High Energy
- Creative
- Quiet
- Focused
- Work best in a group

- Like being busy
- Organized
- Like new challenges
- Enjoy meeting new people

- Prefer more structure
- Prefer more structure
- Like being outdoors
- Work best independently

The Mayor’s Summer Youth Employment Program (MSYPEP) does not discriminate on the basis of age, race, creed, color, national origin, gender, sexual orientation, or disability. MSYPEP will provide auxiliary aids and services, written materials in alternative formats and reasonable notifications in policies and procedures to qualified individuals with disabilities upon request.
ALL ACCEPTED APPLICANTS WILL BE SUBJECT TO A BACKGROUND CHECK & DRUG TEST!!

I hereby certify that the information on this application is correct to the best of my knowledge.

X__________________________________________________________
Applicant Signature Date

I hereby certify that the applicant listed above is a resident of Jackson, MS and has my permission to participate in all activities associated with the Mayor’s Summer Youth Employment Program. I also give permission for images/recordings of my child to appear in city publications and websites or program-related media accounts including print, video and internet publications.

X__________________________________________________________
Parent/ Guardian Signature Date

Any falsification of information will result in dismissal from the Mayor’s Summer Youth Employment Program, as well as exclusion from future program participation.

For Office Use Only

--- Proof of Residency
--- Social Security Card
--- Proof of Income (Parent/ Self)
--- Birth Certificate/ Passport
--- I-9 Form
--- Copy of School ID, Driver’s License or MS ID

What type of work are interested in? (See descriptions elsewhere in this packet for more info.) From the following list please WRITE your top THREE preferences in the spaces provided:

- Work with senior citizens
- Landscaping/ Maintenance
- Work w/ children in daycare
- Science Technology Engineering & Mathematics
- Arts/Theater/ Music
- Environmental projects
- Work w/ children in camps
- Media/ Web production
- Office/ Library work
- Community action projects
- Other: ____________________

1. ____________________ 2. ____________________ 3. ____________________

1st Choice 2nd Choice 3rd Choice

Of the ten types of work listed above, I am NOT interested in doing: __________________________

If you have a specific worksite request, list it here: __________________________

Tell us your hobbies, your special skills or something you want to learn—it can help us match you with a job!
__________________________________________________________
__________________________________________________________

What hours can you work? _____ Only AM _____ Only PM _____ Either

Will you be enrolled in summer school?
_____ Yes _____ No (Notifying us early will help MSYEP find appropriate jobs)

Are you able to work for the entire eight weeks? (June-July) _____ Yes _____ No

If no, what dates will you be absent? __________________________

I hereby certify that the information on this application is correct to the best of my knowledge.

X__________________________________________________________
Applicant Signature Date

I hereby certify that the applicant listed above is a resident of Jackson, MS and has my permission to participate in all activities associated with the Mayor’s Summer Youth Employment Program. I also give permission for images/recordings of my child to appear in city publication and websites or program-related media accounts including print, video and internet publications.

X__________________________________________________________
Parent/ Guardian Signature Date

Any falsification of information will result in dismissal from the Mayor’s Summer Youth Employment Program, as well as exclusion from future program participation.

For Office Use Only

--- Proof of Residency
--- Social Security Card
--- Proof of Income (Parent/ Self)
--- Birth Certificate/ Passport
--- I-9 Form
--- Copy of School ID, Driver’s License or MS ID

What type of work are interested in? (See descriptions elsewhere in this packet for more info.) From the following list please WRITE your top THREE preferences in the spaces provided:

- Work with senior citizens
- Landscaping/ Maintenance
- Work w/ children in daycare
- Science Technology Engineering & Mathematics
- Arts/Theater/ Music
- Environmental projects
- Work w/ children in camps
- Media/ Web production
- Office/ Library work
- Community action projects
- Other: ____________________

1. ____________________ 2. ____________________ 3. ____________________

1st Choice 2nd Choice 3rd Choice

Of the ten types of work listed above, I am NOT interested in doing: __________________________

If you have a specific worksite request, list it here: __________________________

Tell us your hobbies, your special skills or something you want to learn—it can help us match you with a job!
__________________________________________________________
__________________________________________________________

What hours can you work? _____ Only AM _____ Only PM _____ Either

Will you be enrolled in summer school?
_____ Yes _____ No (Notifying us early will help MSYEP find appropriate jobs)

Are you able to work for the entire eight weeks? (June-July) _____ Yes _____ No

If no, what dates will you be absent? __________________________