

TEEN TEAMWORKS

MINNEAPOLIS PARK & RECREATION BOARD

Youth Employment Program Referral and Application Packet

Incomplete application packets will not be processed or returned.

POSITION: TEEN TEAMWORKS Urban Environmental Youthworker

DUTIES: To perform the following tasks working as part of an eight to ten-member work crew under the daily supervision of an adult on-site supervisor.

1. Working with Environmental Operations, Gardeners, Forestry, Recreation Specialists and Park Maintenance youth will assist with projects that have a positive impact on our parks and lakes and will include: planting, mulching, removal of invasive plants, sweeping, mowing lawns, sifting sand, litter removal, cleaning up the shore line, trimming shrubbery, edging grass and watering freshly laid sod.
2. Attend paid on the job Professional Development and Personal Development educational sessions.
3. Other duties as assigned by the supervisor.

QUALIFICATIONS: Minneapolis resident, 14 – 24 years of age, who has the desire to work. The ability to work well with all types of people and follow the instructions of an on-site supervisor. Must demonstrate a courteous and friendly attitude when interacting with neighborhood park users and staff.

TEEN TEAMWORKS Summer 2019 will begin on June 17th and end on August 16th. Each bi-weekly payroll period will be two Monday and Wednesday work days or two Tuesday and Thursday work days. Youthworkers will be paid at the training wage of \$10.50 per hour. If you have any questions or require additional information, contact Teen Teamworks at 612-370-3916 or 612-370-3917.

Return this COMPLETED application and background check to:

Teen Teamworks
Minneapolis Park and Recreation Board
4001 Nicollet Avenue South
Minneapolis, MN 55409

**Youth under the age of 18 must have parent or guardian
signature on application and background check.**

No application will be processed without the required signatures.

**Applications submitted without a signed background check
form will not be processed.**

**Minneapolis Park and Recreation Board's
Teen Teamworks Youth Programs**

USE OF YOUR DATA

The data we are asking you to provide about yourself is considered private data by Minnesota Statute 13.47 subdivision 2. In order to collect and use this data we must tell you why we need the data, how we intend to use it and any consequences you may experience if you supply the information or not.

1. Program Information

- a. **Why we are asking for your information:** To help us determine whether you are eligible for the program and what other services you may need to become self-sufficient.
- b. **How we plan to use the information:** We may use it to prepare required reports, conduct audits, review eligibility, and to find out how the program is helping you.
- c. **With whom we may share this information:** With staff, for purposes of performing their official duties, with the Minnesota Department of Employment and Economic Development (DEED), with federal, state and local welfare agencies.
- d. **If you do not provide this information:** You are not required by law to provide this information. If you choose not to provide this information, we may not know whether you are eligible for the program and may not be able to help you.
- e. Providing false information can lead to removal from the program.

2. Wage Detail Files

In accordance with the Minnesota Statute on Data Privacy, M.S. 268.19, subdivision 1b, you agree that DEED may release information on your wages and employment contained on the state's Wage Detail files to help us evaluate the program. This is private information and your refusal to provide consent to share this information will not have an effect on your participation in the program. This information will only be for the purpose of auditing and/or learning how well the program is working.

- Yes, I agree to sharing of wage and employment information.
- No, I do not agree to the sharing of wage and employment information.

You may cancel this consent in writing at any time.

3. Social Security Number

Federal Privacy Act and Freedom of Information Act dictate the use of the Social Security Number. We may use it for computer matches, program reviews and improvement, and audits. After you leave the program, the data will be kept until state and federal laws require that it be destroyed.

EQUAL OPPORTUNITY IS THE LAW: We consider applicants without regard to race, color, creed, religion, national origin, age, sex, political affiliation or belief, marital status, disability, sexual orientation, or status with regard to public assistance. It is our policy to abide by all federal, state and local laws concerning discrimination.

I have been made aware of and understand this notice. (If you do not understand this statement, please ask that a staff member explain it to you.) I agree that the information on this form may be shared with federal, state and local welfare agencies. I understand that I have the right to file a complaint of discrimination.

Signature: _____

Date: _____

APPLICANT INFORMATION

Your Name

First: _____ Middle: _____ Last: _____

Your Address

Street Address: _____ Apt #: _____

City: Minneapolis State: MN Zip: _____

**Eligible applicants must be a resident of the city of Minneapolis*

Contact Information

Home Phone: _____ Cell Phone: _____

Other Phone: _____

Email Address: _____

Work Eligibility

Social Security Number: _____ - _____ - _____

Date of Birth: ____/____/____ (Month/Date/Year) Your age on June 1, 2019: _____

Eligibility to Work (check one):

U.S. Citizen

Non-Citizen, eligible to work in the U.S. (must provide I-94#): _____

Demographic Information

Gender: Male Female

Ethnicity: Hispanic Not of Hispanic Origin

Racial Background (check all that apply)

African-American Asian-American Caucasian

Native American Other _____

School Information

Name of school you are attending, if any: _____

Current grade level: 7 8 9 10 11 12 N/A

Student ID number: _____

****Incomplete application packets will not be processed or returned.
Applications submitted without the background check form WILL NOT be processed.***

Work History

Company Name: _____

Address: _____

Job Title: _____ Salary: _____

Supervisor: _____ Phone: _____

Employed From (month/year): _____ To (month/year): _____

Company Name: _____

Address: _____

Job Title: _____ Salary: _____

Supervisor: _____ Phone: _____

Employed From (month/year): _____ To (month/year): _____

Activities

Hobbies/special interests: _____

Club/group membership: _____

Future education and goals: _____

Do you have a family member employed by Minneapolis Park and Recreation Board? No Yes, name: _____

List the three parks nearest your home.

- 1. _____
- 2. _____
- 3. _____

THE FOLLOWING SECTION IS TO BE FILLED OUT BY REFERRAL AGENT OR AGENCY.

Staff Name: _____

Agency Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

EMPLOYMENT CODE (check ALL that apply)

I. _____ II. _____ III. _____ IV. _____ V. _____ VI. _____ VII. _____ VIII. _____

IX. _____ X. _____ XI. _____

Relationship to youth: _____

Additional comments: _____

INCOME AND FAMILY INFORMATION

Due to local, state and federal funding guidelines, Teen Teamworks must serve youth who meet specific income guidelines. **If you choose not to provide this information, we may not be able to determine your eligibility to participate in Teen Teamworks and will consider your application incomplete. Incomplete applications will not be processed or returned.**

Family Size and Income

List the name of youth applicant AND all household members related to you by blood, marriage or decree of court who now live or were living with the applicant during the past twelve (12) months. Include as income: gross wages, net income from self-employment, rental income, and pensions including Veterans, dividends, interest, grants, SSDI, OASDI, alimony and/or worker's compensation. Do NOT include as income: any form of public assistance including SSI payments, child support, tax refunds, loans, one-time gifts, unemployment compensation, foster child payments, and/or HUD rental assistance.

Name -include ALL household members:	Relationship:	Age:	Annual Income:
Youth Applicant:	Self		\$
Parent/Guardian:			\$
			\$
Siblings:			\$
			\$
			\$
			\$
			\$
			\$
			\$

Assistance

If you and/or our parent or guardian receives any of the following assistance, complete the section below.

Type of Assistance	Case Number	Date Began	Monthly Amount
Foster Care Allowance	#	Month Year	\$
MFIP/TANF	#	Month Year	\$
General Assistance	#	Month Year	\$
Food Stamps	#	Month Year	\$
Refugee Cash Assistance	#	Month Year	\$

Additional Information (Checking the items below WILL NOT eliminate you from consideration for a summer job)

- Do you have an Individual Education Plan (IEP) at school or do you have a physical, mental, learning, emotional or behavioral disability? Yes No
- Are you pregnant or are you a parent? Yes No
- Have you committed a crime and/or been involved with the juvenile justice system? Yes No
- Are you currently taking English Language Learner (ELL) classes? Yes No

PARENT AND YOUTH AGREEMENT

All youth under 18 must have parent/guardian permission to participate in Teen Teamworks. The parent/guardian must read and complete all sections of this page. If you are currently 18, you may complete this section yourself.

Youth (Applicant) Name: _____ Phone: _____

Parent/Guardian Name: _____ Phone: _____

Emergency Contact Name: _____ Phone: _____

Does your child have a special need or health condition that may affect their worksite assignment or participation in Teen Teamworks? Yes No

If yes, please explain: _____

Parent Permission Statement

- ❖ I hereby give my permission for my child to participate in Teen Teamworks activities, events and field trips.
- ❖ I voluntarily release the Minneapolis Park and Recreation Board from any and all liability based on claimed negligence at times when the youth participant is not under the supervision of Teen Teamworks.
- ❖ I agree that my child may be photographed and/or video recorded by the Minneapolis Park and Recreation Board, or by Park Board designated Teen Teamworks partners, and that their name may be used to promote the Teen Teamworks youth program.
- ❖ I agree that my child take part in program and academic evaluations.
- ❖ I agree to provide any documentation necessary to verify information on this form and I authorize the Minneapolis Park and Recreation Board or their providers to verify information provided, if necessary.
- ❖ I further state that I have read this application and that it is accurate and complete to the best of my knowledge.

By signing below, I attest that I have read, understand and agree with the information and statements within this application. Warning: Title 18, Part 1, Chapter 47, Section 1001 of the U.S. Code – Fraud and False Statements, makes it a criminal offense to make false statements or misrepresentations to any departments or agency of the U.S. as to matter within its jurisdictions.

Youth Signature: _____ **Date:** _____
(Required)

Parent Signature: _____ **Date:** _____
(Required for youth under 18)

Have you completed the background check form? Yes No

Applications submitted without the background check form WILL NOT be processed.



Background Check – Informed Consent

Please type or print in ink - All fields must be completed

Check one: New Hire Current Employee

The following named individual has made application with the Minneapolis Park & Recreation Board for the position of (job title)

Youthworker at (Dept) Teen Teamworks

Hiring Manager (individuals requiring notification): Linda Tkaczik

Type of Check Requested: Criminal Driver's License Credit

Applicant's Name (First, Middle, Last):

List any Maiden, Alias, or Former Name(s):

SSN: Birth Date: Phone:

Current Address:

City: State: Zip:

Temporary Address (if applicable):

City: State: Zip:

Driver's License # (or State ID#):

State: Class: Expires:

Have you ever resided or worked outside of the state of Minnesota? Yes No

If yes, list the state(s) in which you have resided or worked including dates:

Have you ever been convicted or plead guilty before any federal, state, or municipal court to a criminal offense, or are there any charges pending (excluding minor traffic violations)? Yes No

Failure to disclose or giving false information may result in rejection of application or dismissal from employment.

If yes, please provide information for each offense: 1) charge convicted of, 2) date of conviction, 3) court and location, 4) action taken, (attach additional sheets if necessary):

Hiring Manager

Applicant / Employee

I, _____ understand that the Minneapolis Park & Recreation Board (MPRB), is seeking background check data pursuant to Minn. Stat. § 299C.62 et seq., the Minnesota Child Protection Background Check Act ("Act") and Minn. Stat. §13.05 subd. 4 as part of my application for employment or volunteering, or ongoing service with the MPRB. I acknowledge that the MPRB has informed me of my rights under these laws, including:

- 1) The right to be informed that the MPRB will request a background check on me as a children’s service worker;
 - a) For purposes of employment or continuation of employment;
 - b) To determine whether I have been convicted of any crime specified in Minn. Stat. § 299C.61, subdivision 2 or 4;
- 2) The right to be informed by the MPRB of its response to the background check and to obtain from the MPRB, if I request in writing, a copy of the background check report, to be picked up in person with photo identification;
- 3) The right to obtain from the MPRB any record that forms a basis for the report;
- 4) The right to challenge the accuracy and completeness of any information contained in the report or record under the relevant provisions of the Data Practices Act;
- 5) The right to be informed by the MPRB if my application to be employed with or opportunity to continue as an employee has been denied because of the background check report.

I authorize the MPRB or its authorized assignee(s) to conduct a criminal background check. This information will be used to determine my suitability for employment with the MPRB. I understand that continued employment is contingent on receiving satisfactory results from this background check.

I further understand that the MPRB will use my Minnesota State Driver’s License / Minnesota State Identification Card information given below to conduct an investigation of my background, which will include my driver’s license status, driving history, and criminal conviction history (if any) as directly related to the position for which I am applying with the MPRB.

I certify that all the information I have provided on this form is true and complete to the best of my knowledge. I understand that giving false information or omitting requested information could result in rejection of my application or dismissal if my application is accepted. I understand that submitting this information does not guarantee my acceptance into a MPRB position.

The expiration of this authorization will be no longer than a period of one year from date of my signature.

Applicant’s Signature: _____ **Date** _____

If applicant is under the age of 18 years,

Parent/Guardian’s Signature: _____ **Date** _____

BACKGROUND INVESTIGATIONS POLICY (Applies to applicants, current employees, volunteers, and contractors)

The Minneapolis Park & Recreation Board (MPRB) will request all applicants who receive an offer of employment, be subject to a background investigation which may include criminal history, driver’s license records, and/or credit history check as necessitated by position requirements. Criminal history checks will be conducted in accordance with the Minnesota Child Protection Background Check Act, Minn. Stat. §299C.60 et. seq. (2008) and other background checks as allowed by law. The results of an individual’s background investigation will be reviewed on a case-by-case basis to determine eligibility for the position applied to. Any offer of employment will be conditional upon a determination by the MPRB that an applicant’s background investigation results do not preclude the individual from employment with the MPRB.

In addition, if the MPRB knows or has reason to believe that a current employee or volunteer has a criminal conviction that pertains to their current position, that individual will also be requested to consent to a background investigation as described above. The MPRB will also require a background check on all individuals prior to transfer or promotion. The MPRB specifically reserves any and all rights it may have to request consent to conduct criminal background checks at any time regarding current volunteers, applicants, or employees.

Adherence to this policy by the MPRB, its employees, and job applicants or others shall in no way limit the MPRB’s right to require additional information or to use procedures currently in place or other procedures to gain information concerning criminal activities of employees and applicants. - Legal Reference: Minn. Stat. §299C.60 et. seq. Policy Issued: 6/3/2009

My signature below confirms that I have read the MPRB’s Pre-Employment Criminal Background Check policy and certify that all the information I have provided on this form is true and complete to the best of my knowledge. I understand that giving false information or omitting requested information could result in rejection of my application or dismissal if I am hired.

Name (Please Print): _____

Signature: _____ **Date:** _____

Distribution:

Original: Park Police

Report completed by: _____

Notification: Hiring Mgr, Date: _____

Individual, Date: _____

Date: _____