

**FAMILY MEMBER YOUTH EMPLOYMENT APPLICATION
OSAN AB KOREA**

STUDENT BACKGROUND INFORMATION

1.STUDENT NAME(LAST, FIRST, MI):	2.STUDENT SSN:	3.DOB(MM/DD/YYYY)	CPF USE ONLY
			POSITION CLK LABR
4.HOME TELEPHONE:	5.CELL PHONE:	6.E-MAIL ADDRESS:	ORG:
7.MAILING ADDRESS:			AGE:
			RPA#:

SPONSOR INFORMATION

8.SPONSOR NAME(LAST, FIRST, MI):	9.SPONSOR'S SSN:	10.WORK TELEPHONE:	11.SPONSOR'S DEROS:
12.SPONSOR'S ORGANIZATION ADDRESS:		13.SPONSOR'S MILITARY E-MAIL:	

EDUCATION

14.EDUCATION LEVEL: () MIDDLE SCHOOL STUDENT () HIGH SCHOOL STUDENT () COLLEGE STUDENT	
15.IF YOU ARE IN COLLEGE, WHICH COLLEGE ARE YOU ATTENDING?	16.WHAT IS YOUR MAJOR?

SPECIAL SKILLS

17.HAVE YOU EVER WORKED FOR A SUMMER HIRE PROGRAM IN KOREA?	() YES () NO
18.DO YOU HAVE ANY MEDICAL CONDITION THAT WOULD PROHIBIT YOU FROM WORKING OUTDOORS?	() YES () NO
19.ARE YOU PARTICIPATING IN THE JUNIOR ROTC TRAINING PROGRAM IN JAPAN?	() YES () NO
20.PLEASE DESCRIBE ANY SPECIAL SKILLS THAT YOU HAVE TO ASSIST US IN PLACING YOU:	

21.STUDENT SIGNATURE	22.DATE SIGNED
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SEE REVERSE SIDE PARENTAL CONSENT TO WORK AND SCHOOL CERTIFICATION

PARENT CONSENT TO PARTICIPATE IN YOUTH EMPLOYMENT

23. SPONSOR STATUS (MUST BE COMPLETED BY YOUR SPONSOR/PARENT):

- () ACTIVE DUTY MILITARY
- () DOD CIVILIAN (INCLUDES GS/WG, NAF, DODDS TEACHERS, AND AAFES EMPLOYEES)
- () OTHERS (PLEASE EXPLAIN)

24. WORKING CONDITIONS: MY CHILD HAS MY PERMISSION TO PERFORM THE FOLLOWING DUTIES:

- () CLERICAL JOBS ONLY (USUALLY IN AN OFFICE SETTING)
- () LABOR JOBS ONLY (NON-SKILLED, NON-HAZARDOUS WORK SUCH AS CUTTING GRASS, PAINTING, LIGHT LIFTING)
- () BOTH CLERICAL AND LABOR

25. I () DO AUTHORIZE () DO NOT AUTHORIZE MY DEPENDENT CHILD TO RECEIVE EMERGENCY MEDICAL CARE. UNDERSTAND THAT THIS APPLIES TO THOSE SITUATIONS WHICH ARE JOB RELATED INJURIES.

26. RELATIONSHIP OF CHILD TO SPONSOR: _____

27. SPONSOR SIGNATURE: _____

28. DATE: _____

SCHOOL CERTIFICATION

29. THE STUDENT IDENTIFIED IN THIS APPLICATION IS A FULL TIME STUDENT AT: _____

30. CURRENT GRADE (CIRCLE): 7 8 9 10 11 12 DATE OF GRADUATION (IF A SENIOR) _____

31. SCHOOL OFFICIAL NAME, POSITION AND SIGNATURE: _____

APPLICATION CHECKLIST

IS YOUR APPLICATION COMPLETE?

- () SUMMER HIRE 2021 LETTER OF CONSENT
- () RESUME
- () FAMILY MEMBER YOUTH EMPLOYMENT APPLICATION
- () COPY OF SPONSOR'S PCS ORDERS
- () LETTER OF EMPLOYMENT (DEPENDENTS OF CIVILIAN EMPLOYEES ONLY)
- () COPY OF DEPENDENT ID CARD
- () COPY OF SOCIAL CARD OR 2020 TAX RETURN FORM TO VERIFY SOCIAL SECURITY NUMBER (ONLY ACCEPTABLE PROOF)
- () COPY OF PHYSICAL EXAM (CANNOT BE OLDER THAN 1 YEAR)
- () COPY OF APPLICANT'S PASSPORT (PAGES WITH PICTURE AND SOFA STAMP)
- () COLLEGE STUDENTS: LETTER FROM REGISTRAR STATING THEY ARE A FULL-TIME STUDENT

ALL STUDENTS MUST HAVE THEIR SOCIAL SECURITY NUMBER VERIFIED WITHOUT EXCEPTION. ONLY THE SOCIAL SECURITY CARD OR 2003 TAX RETURN VERIFIES THIS INFORMATION AND ARE THE ONLY ACCEPTABLE FORM OF PROOF.

DEPARTMENT OF THE AIR FORCE IS AN EQUAL OPPORTUNITY EMPLOYER

PRIVACY ACT STATEMENT

AUTHORITY: EO 9397 PRINCIPAL PURPOSE: Eligibility determination for Youth Employment Programs. Verification of relationship and dependency. Verification of social Security Number and U.S. Citizenship. DISCLOSURE: We request your SSN to keep your record straight. Other people may have the same name. As allowed by law or presidential Directive, we use your SSN to seek information about you, schools, banks, and other who know you. Disclosure of the requested information in this application is voluntary. However, failure to provide complete and accurate information may result in denial of employment.



DEPARTMENT OF THE AIR FORCE
51ST FORCE SUPPORT SQUADRON (PACAF)
UNIT 2065
APO AP 96278-2065

MEMORANDUM FOR WHOM IT MAY CONCERN

FROM: 51 FSS/FSCA

SUBJECT: Summer Hire 2021 Letter of Consent (under 18)

I _____ (parent/guardian) give my consent for

_____ (son/daughter) to participate in the Osan AB
summer hire program.

PARENT/GUARDIAN SIGNATURE

DATE