Urban Youth Intern Application for Employment

LifeLinks, Inc. is committed to a policy of non-discrimination and Equal Opportunity for all employees and qualified applicants without regard to race, color, age, religion, sex, sexual orientation, national origin, marital status, ancestry, disability or veteran status. LifeLinks, Inc. is an E-Verify Employer.

Conditions of employment are stated at the end of this application. Please read carefully before you sign this application.

APPLICATION MUST BE COMPLETED IN FULL EVEN IF ATTACHING A RESUME.

PLEASE TYPE OR PRINT IN INK

DATE OF APPLICATION: ________________________________

PERSONAL INFORMATION

Name: ________________________________

Last

First

Middle

Address: ________________________________

Street

City

State

Zip Code

Email: ________________________________

Phone: ( ) - __________

Mobile Phone: ( ) - __________

Are you eligible to work in the United States?  Yes  No

Are you over 18 years of age?  Yes  No

Do you possess a valid driver’s license?  Yes  No

Do you possess current CPR Certification?  Yes  No

Do you possess current First Aid Certification?  Yes  No

Are you related to any LifeLinks employee?  Yes  No  If Yes Whom: ________________________________

Have you been an intern at LifeLinks before?  Yes  No  Date: __________

If yes, through what program?  Urban Youth

MCC  UML

EDUCATION

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th># Years Attended</th>
<th>Degree</th>
<th>Major</th>
<th>Graduated</th>
</tr>
</thead>
<tbody>
<tr>
<td>High School</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
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<tr>
<td>College</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
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<tr>
<td>Graduate School</td>
<td>Yes</td>
<td>No</td>
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</table>
EMPLOYMENT

Please provide a complete and consecutive record of your past and present verifiable employment including Military service and work performed on a volunteer basis. List the most recent employer first.

<table>
<thead>
<tr>
<th>Employer:</th>
<th>Dates of Employment:</th>
<th>From</th>
<th>To</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>(mo/day/yr)</td>
<td>(mo/day/yr)</td>
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</table>

<table>
<thead>
<tr>
<th>Job Title Held:</th>
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<table>
<thead>
<tr>
<th>Address:</th>
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<tbody>
<tr>
<td>No.</td>
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<table>
<thead>
<tr>
<th>Phone:</th>
<th>May we contact?</th>
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<tr>
<td>(   ) -</td>
<td>Yes</td>
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<table>
<thead>
<tr>
<th>Duties Performed:</th>
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<table>
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<tr>
<th>Supervisor’s Name:</th>
<th>Hourly Rate/Salary</th>
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<tbody>
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<td>$</td>
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<tr>
<th>Reason for Leaving:</th>
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Please list any special honors, skills, licenses or certifications that you feel would be beneficial to employment at LifeLinks, Inc. You may include affiliations in professional or civic associations (optional).

PROFESSIONAL REFERENCES

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<tbody>
<tr>
<td>Name</td>
<td>Address</td>
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</table>
PLEASE READ THE FOLLOWING CAREFULLY

I certify that all answers given by me are true, accurate and complete. I understand that the falsification, misrepresentation, or omission of fact on this application (or any other accompanying or required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered. It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. Any employer who violates this law shall be subject to criminal penalties and civil liability.

I understand that any offer of employment is conditioned upon submission and approval of my driving record. I also understand that any offer of employment is conditioned on submission of a CORI which I give LifeLinks, Inc. permission to obtain. Questions regarding this statement should be directed to any employment interviewer before signing.

I understand that receipt of this application does not imply that the applicant will be employed.

I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation.

If hired I agree to abide by all of the Company rules, standards, regulations and the collective bargaining agreement (if applicable) and understand that if employed my employment will be terminated with or without cause and with or without notice at any time at the option of either the Company or me, I further understand that no representation, whether oral or written by any representative or agent of the Company, at any time, can constitute a contract of employment. No representative of the Company has the authority to enter into any agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit or other term or condition of employment other than in a document signed by the Chief Executive Officer.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

Applicant Printed Name

Applicant Signature

Date

Interviewed By

Department

Date
LifeLinks, Inc. is an equal opportunity employer and does not discriminate on the basis of race, sex, age, national origin, religion, physical or mental disability/handicap, marital status, veteran status, sexual orientation or any other basis prohibited by law.

**This form is voluntary.** The law prohibits employers from adverse action against applicants who do not choose to provide the below requested information.

Please indicate with a check mark all identifications that apply to you:

**Gender**
- [ ] Female
- [ ] Male
- [ ] Prefer not to Self Identify

**Ethnicity**
- [ ] Hispanic or Latino
- [ ] Not Hispanic or Latino
- [ ] Prefer not to Self Identify

If you are not Hispanic or Latino, please indicate your race with a check mark below:

- [ ] American Indian or Alaska Native
- [ ] Asian
- [ ] Black/African American
- [ ] Native Hawaiian or other Pacific Islander
- [ ] Two or more races
- [ ] White/Caucasian
- [ ] Prefer Not to Self Identify
IF YOU HAVE THE RIGHT TO WORK, Don’t let anyone take it away.

If you have a legal right to work in the United States, there are laws to protect you against discrimination in the workplace.

You should know that — No employer can deny you a job or fire you because of your national origin.

Unless mandated by law or government contract, employers cannot require you to be a U.S. Citizen or permanent resident or refuse any legally acceptable documents.

If any of these things have happened to you, you may have a valid charge of discrimination that can be filed with the OSC. Contact the OSC for assistance in your own language.

Call 1-800-255-7688. TDD for the hearing impaired is 1-800-237-2515.

In the Washington, D.C., area, please call 202-616-5594, TDD 202-616-5525

Or write to: U.S. Department of Justice
Office of Special Counsel – NYA
950 Pennsylvania Ave, N.W.
Washington, DC 20530

U.S. Department of Justice Civil Rights Division
Office of Special Counsel for Immigration-Related Unfair Employment Practices
This employer will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new employee’s Form I-9 to confirm work authorization.

IMPORTANT: If the Government cannot confirm that you are authorized to work, this employer is required to provide you written instructions and an opportunity to contact SSA and/or DHS before taking adverse action against you, including terminating your employment.

Employers may not use E-Verify to pre-screen job applicants or to re-verify current employees and may not limit or influence the choice of documents presented for use on the Form I-9.

If you believe that your employer has violated its responsibilities under this program or has discriminated against you during the verification process based upon your national origin or citizenship status, please call the Office of Special Counsel for Immigration Related Unfair Employment Practices at 1-800-255-7688 (TDD: 1-800-237-2515).

Employment Verification. EVerify Done.
For more information on E-Verify, please contact DHS at: 1-888-464-4218