



Release of Information - Earn and Learn

Thank you for your interest In Employ Milwaukee Inc.'s Earn & Learn Community Work Experience. Only completed applications will be processed. Submission of a completed application does not designate automatic acceptance into the program. Due to limited funding, all applicants are not guaranteed a position.

I agree to allow the release of information:

- To verify income as necessary
- Of grades, test scores, attendance, and demographic Information (for example: Name, Address, etc.) from the school that I or my child is attending.

I understand that:

- I will be terminated from the program if I am found ineligible after enrollment.
- If I am a male, I must be registered for Selective Service 30 days prior to, on, or after my 18th birthday for Employ Milwaukee Youth Program participation and receiving youth services; that this is a Federal requirement and that if I have not registered for Selective Service within this time period, any and all funded services that I may be receiving will be terminated immediately.
- I am aware that I may be prosecuted for fraud and/or perjury if I deliberately give false information.
- Customer satisfaction is important to the program management staff and the State of Wisconsin; that the participant may be contacted for information about his/her experience with the services that have been provided; that participation in a customer satisfaction survey is voluntary and that refusal to grant this permission will not affect my child's eligibility to receive needed services.

I consent to hereby give my consent to a participant interview for this purpose. ☐ Yes ☐ No

I certify that:

- The information in this application, including income, is true and accurate to the best of my knowledge.
- No member of my family is in a position of influence or authority, which would affect my being hired, my supervision, or the acquisition or administration on grants, which fund my position.

Signatures			
By signing below, I acknowledge that I have read, understand, and agree to the terms outlined above.			
Applicant Name (Please print)		Aged 18 or older? ☐ Yes ☐ No	
Signature (If 18 or Older)		Date	
Parent/Guardian Name (Please Print)			
Signature		Date	

Form Date: 09.15.26

Employ Milwaukee is an Equal Opportunity Employer and Service Provider. Auxiliary aids and services are available upon request to individuals with disabilities. If you need this information interpreted to a language you understand or in a different format, at no cost to you please contact Carrie Hersh, Equal Opportunity Officer, at (414) 270-1726 or Carrie.Hersh@EmployMilwaukee.org. Callers who are deaf or hearing or speech-impaired may reach us at Wisconsin Relay Number 711.

IMPORTANT! This document contains important information about your rights, responsibilities and/or benefits. It is critical that you understand the information in this document, and we will provide the information in your preferred language at no cost to you. **Call (414) 270-1726** for assistance in the translation and understanding of the information in this document.

¡IMPORTANTE! Este documento contiene información importante sobre sus derechos, responsabilidades y/o beneficios. Es importante que usted entienda la información en este documento. Nosotros le podemos ofrecer la información en el idioma de su preferencia sin costo alguno para usted. **Llame al (414) 270-1726** para pedir asistencia en traducir y entender la información en este documento.

TSEEM CEEB! Daim ntawv no muaj ib cov lus tseem ceeb qhia paub txog koj cov cai, cov luag hauj lwm thiab/los yog cov kev pab. Nws yog ib qho tseem ceeb uas koj yuav tau to taub cov lus nyob hauv daim ntawv no, thiab peb yuav muab tau cov lus no txhais ua koj hom lus yam koj tsis tau them nyiaj dab tsi. **Hu rau (414) 270-1726** yog xav tau kev pab kom muab cov lus nyob hauv daim ntawv no txhais rau koj kom koj to taub.