



2019 SUMMER WORK REGISTRATION

NAME: _____

ADDRESS: _____

STATE/ZIP: _____

PHONE: _____

BIRTHDATE: _____

SSN (*REQUIRED): _____

SCHOOL: _____

GRADE: _____

JOB SKILLS YOU ARE INTERESTED IN LEARNING OR COMPANIES YOU MAY WANT TO WORK FOR:

1. _____
2. _____
3. _____

By signing below, you agree that all information is true and accurate. *Social Security Number (SSN) is required to receive paychecks (copy preferred).

This is a 6-week PAID Summer work experience and will not begin until school lets out for the Summer. Pay rate is \$7.50 per hour for 10 hours a week over the 6-weeks (Not to exceed 60 total hours in program). MUST have transportation to and from work. Transportation is NOT provided by the program. Checks will be mailed at the end of the 6 weeks but students may receive some of their stipend earlier, however this is not promised. Otherwise, full amounts can be expected up to 2 weeks after completion of program. If there are any problems with this timeframe, all participants will be notified. If you have any questions, please contact Kimberley Kirtley at 270-231-7819 or at kkirtley@aspyre2be.com.

Student Signature

Date

Parent or Guardian Signature

Date

SUBMIT