

**CITY OF EVERETT  
Human Resources Department**

Lara Wehbe Ammouri  
Human Resources Director



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**2019**

**Mayor Carlo DeMaria's  
Summer Youth Job Program  
Summer Youth Job Application  
Ages 15 -21 years old**

**Must have completed/completing Freshman Year**

The City of Everett is now accepting applications for Mayor Carlo DeMaria's Summer Youth Job Program. Everett residents from ages 15 to 21 years old who are seeking summer employment are encouraged to apply. Working papers will be required if you are under the age of 18. Applicants will be required to bring their social security card for payroll and employment verification. Job placements are located throughout the City of Everett. There will be two sessions; each will run 4 weeks long, up to 20 hrs per week. Each applicant will be eligible for one (1) session of 4 weeks up to 20 hrs per week.

**Please return this completed application to the Human Resources Department by May 23, 2019.**

<b>Last Name:</b>	<b>First Name:</b>	<b>Middle Name:</b>
<b>Address:</b>		
<b>Parent/Guardian Contact Number:</b>	<b>Applicant Contact Number :</b>	
<b>*E-Mails for Applicant and Parent/Guardian :</b>		
<b>Grade Entering as of Fall 2019:</b>	<b>T-Shirt size : S M L XL 2XL 3XL</b>	
Have you worked for the Mayor's Summer Youth Program in the past? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Are you employed now? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, where do you work?		

***Applicant Signature:***

***Date:***

**Parent/Guardian emergency contact number ONLY:**

**\*= Required – Please note, we will contact you via email to parent/guardian phone number only.**

**No Application will be considered without a complete Census form**



**CITY OF EVERETT– SPECIAL INSTRUCTIONS: RETURN WITHIN TEN (10) DAYS**

COMPLIANCE with this State requirement provides proof of residence, protection of voting rights, veteran's bonus, housing for the elderly and related benefits as well as providing information for your community. **FAILURE TO RESPOND TO THIS MAILING MAY RESULT IN YOUR INABILITY TO RECEIVE RESIDENTIAL PROPERTY TAX EXEMPTIONS, DOG LICENSES, PARKING PERMITS AND OTHER LICENSES AND PERMITS FROM THE CITY OF EVERETT.** This form DOES NOT register you as a voter or allow you to change your political party. To register or change party, please obtain a mail-in registration form by calling 617-394-2296.

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**GENERAL INSTRUCTIONS: PLEASE PRINT**

Please be sure to include the complete and accurate date of birth for every person residing in the household. Pursuant to Massachusetts General Laws chapter 51, section 4, the City of Everett is required to make lists of name, date of birth, occupation, nationality if not a citizen of the United States, and residence as of January 1<sup>st</sup> of every person three years of age or older residing in Everett. General Laws chapter 56, section 4, provides penalties for refusing or neglecting to provide this information. We appreciate your cooperation in provided the necessary information.

Please verify and/or complete all information listed on this form, then sign and date it. Make corrections as necessary.

**RESIDENT ADDRESS** - If your resident address is incorrect, make the change in the space to the right of the incorrect address.

**PHONE NUMBER** - Please print and/or verify your phone number in the indicated space. If unlisted, put an "X" on the line next to the word "Unlisted".

**DELETIONS** - Put a line through the name of any resident no longer residing at this address and list his/her new address. Make all changes on the SHADED line below the printed line.

A - **VOTER** – “Y” for “YES or “N” for NO

B - **NAMES OF ALL FAMILY / HOUSEHOLD MEMBERS AT THIS ADDRESS** - Includes any member of the family in Military Service, away at school or confined to a rest home. If a NEW member has been added to the family or household, enter the name and information in the space provided on the form.

C - **MAIL TO** - This is the designated individual to whom this form has been sent. If you wish to change your designated mail to contact, please place a "Y" next to the name of the selected individual. ONLY ONE "HEAD OF HOUSEHOLD" may be designated in order to have the entire family listed together.

D - **DATE OF BIRTH** - "MM = Month, DD = Day, YYYY = Year." if your date of birth is blank or incorrect, please make appropriate changes.

E - **OCCUPATION** - Enter occupation, not place of employment.

F - **MOVED/DECEASED** - If this person has moved or is deceased, please indicate with an "M" or "D".

G - **NATIONALITY** - If you are NOT a U.S. Citizen, please indicate your nationality.

H - **VETERAN** - Write a "Y" if you are a veteran of the U.S. Armed Forces.

I - **PREVIOUS ADDRESS** - If at current address for less than 1 yr.

J - **PUBLIC SAFETY** – Check this box if you are a member of a public safety agency and WORK AND LIVE IN THIS COMMUNITY.

K - **NO. OF DOGS** – Number of dogs licensed to this individual.

**IF YOU HAVE ANY QUESTIONS, PLEASE CALL LINDA-LEE ANGIOLILLO, THE ADMINISTRATIVE REGISTRAR AT 617-394-2297**

**To return this form**

**Refold, insert into the provided return envelope and mail**

**Thank you for your cooperation**