

JBER STUDENT SUMMER HIRE PROGRAM

Types of Positions:

The program offers clerical/clerk and laborer positions as described below. Students should consider including both clerk and labor positions on their resume as availability of positions may be limited.

- ❖ **Laborer:** May include general cleaning, working indoors/outdoors, light to moderate lifting, yard work, etc.
- ❖ **Clerk:** May include typing, computer work, filing, receptionist work, customer service and answering telephones, etc.

Pay: \$13.90 - 19.86 per hour

Work Schedule: Part/Full-Time (no more than 40 hours per week)

Eligibility for the Program:

- ❖ Students must be 16-24 years old. Students must be at least 16 years old when applying for a position.
- ❖ Students must be a Family Member (FM) of either DoD Military member or Federal U.S. civilian appropriated/non-appropriated fund employee.
- ❖ Students will be required to complete additional documents on-line for the Pre-Employment process which will be sent to the email address provided on the resume. When requested, students must show a valid dependent ID card, Social Security Account Number (SSAN), and/or U.S. Passport once Information-processing begins.

Important

Deadline To Apply: Close of Business 29 March 2024

How To Apply: Send application package: (1) Resume (**Resumes should include volunteer experience, community organizations, describe the roles that demonstrate your abilities, internships, hobbies, interests, school activities and/or memberships in clubs**) (2) School Enrollment Verification, (3) I9, Employment Eligibility Verification, and (4) Summer Hire Application to Civilian Personnel Office email address below:

E-Mail: 673FSS.FSCA.SummerHire@us.af.mil

NOTE: Students are NOT permitted to operate forklifts; they will not be allowed to perform duties that require use of a respirator; and will not handle hazardous material.

Pre-Employment:

Laborer positions may require a pre-employment physical.

Medical positions require proof of immunizations prior to start of program.

SUMMER HIRE APPLICATION 2024

03-June through 02-August

Instructions:

*Please complete the entire application including the required documents listed on page 2.
Send your complete Application Package to 673FSS.FSCA.SummerHire@us.af.mil no later than
29-MAR-2024.*

Name (Last, First, Middle Initial): _____

Date of Birth (DD-MMM-YYYY): _____

Age at time of application: _____

SSN: _____

Citizenship(s): _____

Sponsor's Assigned Installation: _____

Sponsor Organization: _____

Phone Number (including country code and area code): _____

Email Address: _____

Please note, all communication regarding the status of your application and tentative selection notices will be sent to this email address. Please ensure this is an email address that you regularly monitor. **DO NOT use an email that is already associated with USAJOBS.*

Mailing Address: _____

Would you prefer to be a Clerk, Laborer, or either one? Please check which box you would prefer:

Clerk: ☐ Laborer: ☐ Both: ☐

If I am selected for a Laborer Position, I understand I may be required to undergo a Pre-employment Physical prior to the start of the program.

Please initial here: _____

Are you going to PCS before the summer hire program ends? Check which box applies:

Yes: ☐ No: ☐ Unsure: ☐

Dates I know I am not available this summer (DD-MMM-YYYY):

Examples: Planned vacations, doctor's appointments, etc.

Applicant Signature: _____

Date (DD-MMM-YYYY): _____

Parent Signature: _____

Date (DD-MMM-YYYY): _____

Completed Application Package includes the following documents: (1) Resume,
(2) School Verification Letter (homeschool accepted), (3) I9, Employment Eligibility
Verification and (4) Summer Hire Application



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 10/31/2022

► **START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.**

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [][][] - [][] - [][][][]		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i>	
1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date (mm/dd/yyyy)
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Preparer and/or Translator Certification (check one):

☒ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Employer Completes Next Page





Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 10/31/2022

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		<div>Additional Information</div> <div>QR Code - Sections 2 & 3 Do Not Write In This Space</div>		
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions)

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative		
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name		
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)			B. Date of Rehire (if applicable)
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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