

YOUTHWORKS One Stop Career Center - APPLICATION

PERSONAL INFORMATION - PLEASE COMPLETE ALL FIELDS

Name: _____ Social Security #: _____ - _____ - _____

Home Address: _____ City: _____ State: _____ ZIP: _____

US Citizen/Per. Residence: __YES __NO Date of Birth: ___/___/___ Age: ___ Circle Gender: M or F

Cell Phone #: _____ Alternate Phone #: _____

Email Address: _____

Do you: Have a license? __YES __NO Own a car? __YES __NO Take the bus? __YES __NO

RACE: (Please Choose One)		
<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black/African American
<input type="checkbox"/> Cape Verdean	<input type="checkbox"/> Hispanic Origin	<input type="checkbox"/> Multi-Race
<input type="checkbox"/> White/Caucasian	<input type="checkbox"/> Other	<input type="checkbox"/> Native Hawaiian/Other Pacific Isl.

EDUCATION INFORMATION – PLEASE COMPLETE THE FOLLOWING

SELECT THE HIGHEST GRADE LEVEL COMPLETED:		
<input type="checkbox"/> Less than High School (grade completed <input type="text"/>)	<input type="checkbox"/> HiSET Certificate / GED Cert.	<input type="checkbox"/> Gateway to College
<input type="checkbox"/> High School	<input type="checkbox"/> Some College	<input type="checkbox"/> Associates Degree
<input type="checkbox"/> Trade School	<input type="checkbox"/> Other: <i>(please fill in type):</i> _____	

Name School Currently/Last Attend: _____

Grade Currently in/ Last placed: _____ Status: __Complete__ Incomplete__ In Course

Studies/Major: _____ Degree/Certificate: _____

Start Date _____ End Date _____

ADDITIONAL INFORMATION – PLEASE ANSWER ALL QUESTIONS

Are you employed? __YES __NO How did you hear about us? _____

If you were referred by an agency, what agency referred you? _____

What is your primary language? _____ Second Language? _____

Do you have a Disability? __YES __NO If yes please specify? _____

Have you worked in agriculture or food processing in the past 12 months? __YES __NO

Military Service: __YES __NO

Family Size? _____ *(include yourself)*

EMPLOYMENT INFORMATION – PLEASE COMPLETE THE FOLLOWING

PAST WORK EXPERIENCE

1. Company Name: _____ Start Date: _____ End Date: _____
 Supervisor's Name: _____ Phone: _____

2. Company Name: _____ Start Date: _____ End Date: _____
 Supervisor's Name: _____ Phone: _____

PAST VOLUNTEER EXPERIENCE

1. Company Name: _____ Start Date: _____ End Date: _____
 Leader's Name: _____ Phone: _____

2. Experience: _____ Start Date: _____ End Date: _____

3. Experience: _____ Start Date: _____ End Date: _____

Did you ever do another YouthWorks Work Program? YES NO Yes, When? _____

Involvement in other Community Agencies? <i>(check all that apply)</i>			<input type="checkbox"/> None
<input type="checkbox"/> BOYS & GIRLS CLUB	<input type="checkbox"/> CAPE VERDEAN ASSOCIATION	<input type="checkbox"/> FATHER BILL'S & MAINSPRING	
<input type="checkbox"/> MAYOR'S YOUTH COUNCIL	<input type="checkbox"/> OLD COLONY Y - BOG	<input type="checkbox"/> OLD COLONY Y – YOUTHBUILD	
<input type="checkbox"/> SAFE CORNERS	<input type="checkbox"/> TRAINING RESOURCES OF AMERICA	Other: _____	

BARRIERS: (Check All That Apply)			<input type="checkbox"/> None
<input type="checkbox"/> School Dropout	<input type="checkbox"/> Poor Academics – D's or F's	<input type="checkbox"/> Homelessness or Runaway	
<input type="checkbox"/> Disability, Learning Disability	<input type="checkbox"/> Child Living in Single Parent Home	<input type="checkbox"/> Foster Child, Aged out Foster Care	
<input type="checkbox"/> English as a 2 nd language	<input type="checkbox"/> Pregnant or Parenting	<input type="checkbox"/> Court Involved – DYS, Juvi, CHINS	

Please choose your TOP 3 industry CATEGORIES from the list below: (if your interest is on listed please write it in)			
Business	Healthcare	Advanced Manufacturing	1.
Human Services	Culinary	Information Technology	2.
Teaching/Childcare	Maintenance/Landscaping	Other _____	3.

RESUME

Not required. Please attach an updated resume if you have one complete.

PLEASE READ THOROUGHLY

Equal Opportunity Policy: YouthWorks is an Equal Employment Opportunity/Affirmative Action Organization. It is our policy to abide by all Federal, State and local laws.

Compliant Policy: If you feel that anyone in our office has treated you unfairly, you have the right to file a complaint. If you have been denied services, you have the right to file a complaint. If you wish to file a complaint, please see the companies Local Unified Complaint Process for Career Center Customers and Interested Parties Policy for additional information.

Confidentiality: YouthWorks uses the information you give us on this form to help you find employment and/or training. Only information that is directly related to helping you find employment will be shared with employers. The information on this form will be available too Federal, State, and local government employers, subcontractors, and satellite centers whose job requires this information and who are authorized by Federal and State laws to receive the data.

I hereby certify and attest, under penalty of perjury, that the information stated on this form is true and accurate, and understand that the above information, if misrepresented or incomplete, may be grounds for termination from the program. I acknowledge that the accuracy of the information for eligibility is subject to external verification and may be released for such purposes. My signature also attests to the fact that I have been supplied with a description of the full array of available activities and services, as well as with procedures for filing a formal grievance and/or an equal opportunity/discrimination complaint.

I understand the statements contained on this page and I authorize YOUTHWORKS to verify the information provided on my application.

Youth Signature: _____

Date: _____

Parent Signature: _____

Date: _____

(Signature required if client is less than 18 years of age)