

Atlantic Cape May One-Stop Career Center
 Department of Workforce Development
 SUMMER YOUTH PROGRAM 2009

Application: Please keep a copy of this document for your records.

Position Desired:	1.) _____	2.) _____	3.) _____
Social Security Number:	_____	Age:	Birthdate: _____ Gender: Circle one Male Female
Last Name:	_____	First Name:	_____
Address: _____		City: _____	State: _____
Home Phone: _____	Cell Phone: _____	Emer. Contac _____	
US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Alien Reg # : _____		Permanent? <input type="checkbox"/> Yes <input type="checkbox"/> No	Expiration Date: _____
Ethnic Heritage: Are you Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No Please Check all that apply below:		School Status: <input type="checkbox"/> In-School, H.S or Less <input type="checkbox"/> In-School, Alternate School <input type="checkbox"/> In-School Post H.S <input type="checkbox"/> Not Attending School; Drop-out <input type="checkbox"/> Not Attending School; H.S. Graduate Highest Grade Completed: _____	
<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Alaskan/American Indian <input type="checkbox"/> Hawaiian/Pacific Islander		Employment Status: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed	
Are you a Migrant/Seasonal Worker? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes check class: <input type="checkbox"/> Migrant Farm Worker <input type="checkbox"/> Migrant Food Proc. Worker <input type="checkbox"/> Seasonal Farm Worker			

Military Service:			
Branch: _____	<input type="checkbox"/> Campaign Veteran	Active Service _____	to _____
Service Disability: <input type="checkbox"/> Not Disabled <input type="checkbox"/> Disabled <input type="checkbox"/> Special			
Current Housing: <input type="checkbox"/> Foster Child <input type="checkbox"/> Group Home <input type="checkbox"/> Homeless <input type="checkbox"/> Rent			
Check Only One <input type="checkbox"/> Runaway <input type="checkbox"/> Own Home			

Work History (Begin with current/last employer):			
Job Title: _____	Supervisor: _____	Phone: _____	
Employer: _____	Start Date: _____	End Date: _____	Salary/ per: _____
Reason for Leaving: <input type="checkbox"/> Fired <input type="checkbox"/> Lack of Work <input type="checkbox"/> Quit <input type="checkbox"/> Medical <input type="checkbox"/> Other: _____			
Job Duties: _____			
Job Title: _____	Supervisor: _____	Phone: _____	
Employer: _____	Start Date: _____	End Date: _____	Salary/ per: _____
Reason for Leaving: <input type="checkbox"/> Fired <input type="checkbox"/> Lack of Work <input type="checkbox"/> Quit <input type="checkbox"/> Medical <input type="checkbox"/> Other: _____			
Job Duties: _____			

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Check if your family is receiving any of the following:

- Temporary Assistance for Needy Families Social Security Survivors
 Food Stamps Retirement Disability SSI
 Are any of your relatives employed in a Government or Workforce Investment Program? Yes No

Please list below all household family members including the above named youth. Disclose all household income. Do not include individuals living in your home who are self-supporting (not dependent on you for support).

Name	Age	Relationship	Gross Income	Source

Name of Youth's Last School Attended: _____

Location of Last School Attended: _____

I certify that the information provided is true to the best of my knowledge and there is no intent to commit fraud. I am also aware that eligibility is subject to review and verification. Participants may be required to document its accuracy and may be subject to immediate termination if found ineligible after enrollment. Knowingly falsifying information will subject me to prosecution for fraud. I do hereby give my permission to verify my income by contacting my place of employment or agency from which I receive benefits.

Signature of Parent or Guardian: _____ Date: _____

Youth Signature: _____ Date: _____

Interviewer's Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE FOR AGENCY USE ONLY:

Is youth eligible for program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date of Eligibility _____
Eligibility determined by: _____			
Job Location: _____	Assigned Supervisor _____		
Date of Hire: _____	Start Date: _____		

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Youth Name: _____

Youth SSN: _____

FOR OFFICIAL USE
REQUIREMENTS

Target Area Atlantic Cape May

Is youth between the ages of 16-24? Yes No

Is youth legally eligible to work in the United States? Yes No

Did youth provide proof of a Social Security Card? Yes No

Did youth provide a copy of Birth Certificate? Yes No

Does the youth seem motivated to work and learn? Yes No

Is youth willing to attend a program orientation? Yes No

Is youth willing to attend 8-hours of job readiness training? Yes No

Is youth willing to attend a financial literacy seminar? Yes No

Is youth able to work a minimum of 20-hours per week for a period of 8 weeks? Yes No

POTENTIAL BARRIERS

School Dropout: Yes No

Basic Skills Deficient: (below 8th grade on a standardized test) Yes No Verba Math:

Pregnant or parenting: Yes No If pregnant due date:

Physical, mental, or learning disability: Yes No Classification:

Homeless, runaway, or foster child: Yes No Status:

Offender: Yes No

Comments: — —

I have met with _____ and certify that he/she meets the eligibility requirements
Name of Youth
the Summer Youth program provided by the Atlantic Cape May One-Stop Career Center
Workforce Development.

Name

Title

Date