

After-School Youth Employment Program 2015

COMPLETION OF THIS APPLICATION DOES NOT GUARANTEE A POSITION

YOU MUST BE 14 YEARS OLD AND NOT OLDER THAN 18 YEARS OF AGE, AS OF AUGUST 17, 2015.

THE TOTAL ANNUAL HOUSEHOLD INCOME WILL BE USED TO DETERMINE ELIGIBILITY.

INCOMPLETE APPLICATIONS WILL BE DISCARDED. NO PHOTOCOPIES WILL BE ACCEPTED.

PLEASE PRINT IN INK:

NAME _____ SSN _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE (____) _____ EMERGENCY/OTHER PHONE (____) _____

EMAIL ADDRESS: _____

AGE _____ BIRTH DATE _____ MALE _____ FEMALE _____

WHAT SCHOOL ARE YOU ATTENDING? _____

ARE YOU PARTICIPATING IN OTJT? _____ ARE YOU INVOLVED IN ANY AFTER SCHOOL ACTIVITIES? Yes or No

WHAT IS YOUR JOB INTEREST OR CAREER GOALS? _____

DO YOU HAVE A DRIVER'S LICENSE OR STATE ID CARD? Yes or No **(Mandatory requirement)**

DO YOU HAVE A BANK ACCOUNT? Yes or No **(Mandatory requirement)**

HIGHEST GRADE COMPLETED: 7TH 8TH 9TH 10TH 11TH

RACE (Please select one):

- WHITE/CAUCASIAN
- BLACK/AFRICAN AMERICAN
- HISPANIC/NON-WHITE
- NATIVE AMERICAN
- ASIAN AMERICAN
- OTHER _____

ETHNICITY (Please select one): PUERTO RICAN MEXICAN CUBAN OTHER HISPANIC HAITIAN NONE OF THE ABOVE

THE FOLLOWING INFORMATION WILL HELP US DETERMINE YOUR ELIGIBILITY FOR THE PROGRAM:

- | | | |
|---|----------|----|
| 1. HAVE YOU EVER HAD A JOB? | Yes | No |
| 2. DO YOU HAVE A CRIMINAL HISTORY? (Proof must be provided to participate) | Yes | No |
| 3. IS YOUR HOUSEHOLD CURRENTLY RECEIVING FOOD STAMP ASSISTANCE? (Proof Required) | Yes | No |
| 4. IS ANYONE IN THE HOUSEHOLD RECEIVING SUPPLEMENTAL SECURITY INCOME (SSI)? | Yes | No |
| 5. DOES THE HOUSEHOLD RECEIVE FEDERAL/STATE CASH ASSISTANCE? (Proof Required)
(i.e., WIA, TANF, WELFARE TRANSITION, WELFARE TO WORK) | Yes | No |
| 6. ARE YOU RESIDING IN A FACILITY FOR DEPENDENT YOUTH (FOSTER CARE, ETC.)? | Yes | No |
| 7. IS THE ADDRESS LISTED ABOVE YOUR PERMANENT RESIDENCE? | Yes | No |
| 8. HOW MANY MEMBERS ARE IN YOUR HOUSEHOLD? | _____ | |
| 9. WHAT IS THE TOTAL ANNUAL HOUSEHOLD INCOME? (Proof must be provided for everyone in the household) | \$ _____ | |

RELEASE OF INFORMATION

I hereby authorize representatives of the Summer Youth Intern Program to obtain information concerning my household's WIA, TANF, Food Stamp, or Social Security information for the purposes of determining eligibility. **ALL INFORMATION WILL REMAIN CONFIDENTIAL.**

APPLICANT SIGNATURE _____ DATE _____

PARENT/GUARDIAN NAME PRINTED _____ / _____
(IF APPLICANT IS UNDER 18 YEARS OF AGE) *(RELATIONSHIP TO APPLICANT)*

PARENT/GUARDIAN SIGNATURE _____ DATE _____

**IF SELECTED, YOU WILL BE CONTACTED BY MAIL OR TELEPHONE FOR AN INTAKE INTERVIEW.
PLEASE CALL (727) 821-4819 EXT. 5232 WITH QUESTIONS OR FOR ADDITIONAL INFORMATION.**