



JOBS4YOUTH

APPLICATION

Please type or print clearly (Blue or Black Ink PEN only):

Student Name: _____

Social Security # (last four) _____

Age: _____ Sex: _____ Highest Grade Completed: _____

School: _____ Graduation Year: _____

Street Address: _____

Mailing Address, if different: _____

City/Town: _____ State: _____ Zip: _____

Will you be living at this address during the program dates? Yes ___ No ___

If no, address you will be living at: _____

Your Cell Phone: _____ Home/Other Phone: _____

Your Email Address: _____

Emergency Contact Name #1: _____ Relationship _____

Emergency Contact's Daytime Phone: _____

Emergency Contact Name #2: _____

Emergency Contact's Daytime Phone: _____

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Do you have your own/access to transportation? Yes ___ No ___

Are there any specific days you will NOT be available to work this summer?

Yes ___ No ___ If yes, which days? _____

**Please answer the following questions to help us determine
the best job placement for you.**

1. Areas of interest:

Please number your top 3 choices (1 being the most important to you in your job position).

___ Technology

___ Landscaping

___ Athletics

___ Creativity / Arts

___ Organization

___ Leading a group of peers

2. Work Environment Preference:

Please number your top 3 choices (1 being the most important to you in your job position).

___ Indoors

___ Outdoors

___ In an office

___ Working with people

___ Working with children

___ Working on individual projects

3. Why are you interested in becoming a part of this summer's job program?

4. What types of experiences are you hoping to gain from this opportunity?

5. What are your career interests?

- _____
- _____
- _____

6. Please list previous work experience or volunteer work (if any):

- _____
- _____
- _____
- _____
- _____

Documents That Must Accompany This Application

1. **ALL Income Verification for Household:** Last 4 Paystubs for any family member who is working, TAFDC letter, Unemployment paystubs, SS Letter, etc.
2. Photo I.D. (Can be school I.D)
3. Copy of Birth Certificate
4. Copy of SIGNED Social Security Card

Documents Required When Hired

1. Work Permit if between 14 and 17
2. Physician's Certificate of Health if 14 or 15
3. MOC Intake and Pre-Assessment which **must be completed by Parent or Guardian**

Signature of Applicant: _____ Date: _____

Please Print Name: _____

Signature of Parent/Guardian: _____ Date: _____

Please Print Name: _____