



## JOBS4YOUTH APPLICATION 2026

*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: \_\_\_\_\_

Residential 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: \_\_\_\_\_



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 most important).

- \_\_\_ Technology
- \_\_\_ Landscaping
- \_\_\_ Athletics
- \_\_\_ Creativity/Art
- \_\_\_ Organization
- \_\_\_ Leading a group of peers

2. **Work Environment Preferences:** Please number your top 3 choices (1 being most important).

- \_\_\_ Indoors
- \_\_\_ Outdoors
- \_\_\_ 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 type of experiences are you hoping to gain from this opportunity?**

5. **What are your career interests?:**



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

**Documents Required When Submitting the MOC Application**

1. **ALL Income Verification for Entire Household** (this includes the last 4 Paystubs for any family members who are working, TAFDC letter, Unemployment paystubs, SS Letter, etc.)
2. **Photo I.D.** (Driver's License or school I.D.)
3. **Copy of Birth Certificate**
4. **Copy of SIGNED Social Security Card**
5. **MOC Intake and Pre-Assessment** (**must be completed by Parent or Guardian**)

**Documents Required Upon Hire**

1. **Work Permit** (if ages 14 to 17)
2. **Physician's Certificate of Health** (if ages 14 or 15)

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Please Print Name: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Please Print Name: \_\_\_\_\_