



Youth Programs Application

The information provided on this application may be used to determine if you are eligible to participate in programs funded by the Workforce Investment Act of 1998 and the Economic Recovery Act of 2009.

OFFICE USE ONLY:	Vendor: _____ Counselor: _____ Application Date: _____	Contract #: <u>WIA/RA 09</u>	<input type="checkbox"/> Older Youth <input type="checkbox"/> Younger Youth
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SUMMER RECOVERY ACT PROGRAM NOTE:

ALL PARTICIPANTS IN THE PROVIDENCE/CRANSTON WORKFORCE AREA WILL BECOME SEASONAL EMPLOYEES OF THE CITY OF PROVIDENCE. THE INFORMATION IN THIS BLOCK IS REQUIRED BY THE CITY:

Are you legally eligible to work in the USA? Yes No
 Have you worked in the City's seasonal program before? Yes No
 If yes, when: (month/year) _____ Where: _____

I ACKNOWLEDGE THAT BECAUSE I AM OVER 18, THE CITY OF PROVIDENCE MUST RUN A BACKGROUND CHECK ON ME BEFORE I CAN BE ACCEPTED AS A CITY EMPLOYEE. AS PART OF THIS APPLICATION PROCESS I GIVE MY PERMISSION FOR A BCI CHECK TO BE DONE ON ME FOR THIS PURPOSE.

APPLICANT SIGNATURE: _____ DATE: _____

1. PERSONAL INFORMATION

Name: _____ Social Security No.: _____
 Street Address: _____ City: _____ State: RI Zip Code: _____
 Home Phone: (401) _____ Cell Phone: () _____ Email _____
 Alternative Contact: _____ Address: _____
 City: _____ State: _____ Zip: _____ Alternate Phone: () _____
 Date of Birth: _____ SEX: Male Female MARITAL STATUS: Single Single Head of Household Married Widowed
 Single Parent Yes No If yes, number of dependents (under age 18) _____

Are you homeless?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever abused substances?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been arrested or convicted of a crime?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is English your native language?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you disabled?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you or have you ever been a Foster Child?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a runaway?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you Pregnant or a Parenting Youth? (male or female)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a Driver's License?	<input type="checkbox"/> Yes <input type="checkbox"/> No License State and No.: _____

OFFICE USE ONLY: Limited English Proficiency

2. ETHNICITY/RACE (optional - check all that apply)

<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> White	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Asian
<input type="checkbox"/> Hawaiian Native or Pacific Islander	<input type="checkbox"/> American Indian or Alaskan Native		

3. CITIZENSHIP/ALIEN STATUS

<input type="checkbox"/> US Citizen	<input type="checkbox"/> Refugee	<input type="checkbox"/> Alien No.: A-_____	<input type="checkbox"/> Temporary Work Permit	<input type="checkbox"/> Other
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4. VETERAN INFORMATION

Are you registered with Selective Service? Yes No Not Applicable

If yes, Selective Service Number: _____

Eligible Veteran Status:	<input type="checkbox"/> Yes (180 days or less)	<input type="checkbox"/> Yes (Eligible Veteran)	<input type="checkbox"/> Yes (Other Eligible Person)	<input type="checkbox"/> No
Campaign Veteran :	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Disabled Veteran:	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes (Special Disabled)	<input type="checkbox"/> No	
Recently Separated Veteran:	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Dishonorable Discharge:	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

5. EDUCATION INFORMATION

Are you currently attending school? Yes No

Have you received special training outside of school, or as part of a special in-school program? Yes No

If yes please specify: _____

Receiving free school meals? Yes No

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Basic Literacy Skills Deficient? Yes No

Highest grade completed (using codes below): _____

00	No grades completed
01 -12	Number of grades completed
13 -15	Number of college, or full-time technical/vocational school years completed
16	Bachelor's Degree/equivalent
17	Education beyond Bachelor's Degree
87	Attained High School Diploma
88	Attained GED/equivalent
89	Attained certificate of attendance/completion
90	Attained other post-secondary degree or certification
91	Attained Associates diploma or degree

6. PUBLIC ASSISTANCE INFORMATION

Are you or any one in your household receiving any of the following: (check all that apply)

TANF - Monthly amount \$ _____ Less than 6 months? Yes No More than 6 months? Yes No

Food Stamps - Monthly amount \$ _____

SSI SSA Refugee Assistance - Monthly amount \$ _____

Cash payments under a Federal, State or Local public assistance program - Monthly amount \$ _____

7. FAMILY INCOME INFORMATION

Include yourself and each person living in your household who is related to you blood, marriage or adoption.

NAME	RELATIONSHIP	DATE OF BIRTH	SOURCE OF INCOME (Wages, Welfare, UI, Workers Comp, etc.)	INCOME Months	Last 6
	Self				



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<i>TOTAL LAST 6 MONTHS INCOME</i>			\$

OFFICE USE ONLY: Low Income: YES NO

9. WORK HISTORY

Employer Name: _____ Type of Business: _____

Address: _____ Phone: (____) _____

Job Title: _____ Hourly Wage: \$ _____ Hours Per-Week: _____ Shift: _____ Volunteer

Duties: _____

Equipment Used: _____

Start Date: _____ End Date: _____ Reason for Leaving: Laid-off Quit Terminated

Employer Name: _____ Type of Business: _____

Address: _____ Phone: (____) _____

Job Title: _____ Hourly Wage: \$ _____ Hours Per-Week: _____ Shift: _____ Volunteer

Duties: _____

Equipment Used: _____

Start Date: _____ End Date: _____ Reason for Leaving: Laid-off Quit Terminated

10. APPLICANT ASSURANCES/SIGNATURES

The information on this application is true to the best of my knowledge. I realize that any false statement I knowingly made may cause this application to be rejected, or if enrolled in a program, may result in my termination and possible prosecution. I also understand that I am not guaranteed employment or any other services through the Workforce Partnership Act. I agree to allow the Workforce Investment Act staff to verify any information on this application to determine my eligibility for possible participation.

APPLICANT SIGNATURE: _____

DATE: _____

If applicant is under age 18, a parent or legal guardian must sign below

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

11. APPLICANT RIGHTS

I have read, been informed of, and received a copy of the Grievance Procedures outlining my rights under the Workforce Investment Act. I understand that there are written compliant procedures which I can request if I feel that I am discriminated against, or if I feel my rights have been denied for any reason.

APPLICANT SIGNATURE: _____

DATE: _____

If applicant is under age 18, a parent or legal guardian must sign below

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

STAFF SIGNATURE: _____

DATE: _____