

2019

CARBON COUNTY WORKFORCE TRAINING

69 Broadway
Jim Thorpe, PA 18229

PRE-APPLICATION FOR SUMMER YOUTH EMPLOYMENT PROGRAM

APPLICANTS MUST BE AGE 14 TO 24 AND A RESIDENT OF CARBON COUNTY

PLEASE PRINT

Last Name		First Name	M.I.	Social Security Number	
Street Address			City	Zip Code	
Phone Numbers	Home: _____				
	Your Cell: _____				
	Other (parent, relative, etc.): _____				
E-mail address:					
Date of Birth:		Age:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Are you a United States Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If you answered No, are you authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Ethnicity: Do you consider yourself to be Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<i>(You must select at least one race, regardless of your ethnicity. More than one race category may be selected.)</i>					
Race: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American					
<input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White					
If you are a male age 18 years or older, are you registered with Selective Service? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Education Status	<input type="checkbox"/> Student Name of school: _____ Grade Level: _____				
	If you are a college student, what is your major? _____				
	<input type="checkbox"/> High School Graduate				
	<input type="checkbox"/> Obtained GED				
	<input type="checkbox"/> Dropout Highest grade level you finished in school: _____				
<input type="checkbox"/> Attending GED Classes					
Are you a Foster Child? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Are you an individual with a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If you are a student, do you have an IEP, Section 504 Plan, or attend Learning Support Classes?					
<input type="checkbox"/> Yes <input type="checkbox"/> No					

Are you a parent or an expectant parent? Yes No

Have you ever been arrested or convicted of committing a crime? Yes No

Do you have a drug or alcohol abuse problem? Yes No
 If yes, are you currently receiving counseling? Yes No

What is your long term career goal? _____

Are you currently employed or were you employed at any time during the past six months?
 Yes No *If you answered YES, please complete the following:*

Employer: _____
 City, State: _____
 Date you started this job: _____ Job Title: _____
 If you are no longer employed, what was the last date you worked? _____
 Hourly wage: _____ Average number of hours you work(ed) per week: _____
If you had more than one job during the past six month period please use a separate sheet of paper.

What are your job interests? General Labor Recreation Child Care
 Medical Office Work Other _____

What type of skills do you have? Computers Certified Lifeguard Mechanical
 Other: _____

Do you have a valid driver's license? Yes No
 If no, do you have learners permit? Yes No

If you do not have a driver's license, do you have a photo ID? Yes No
If yes, type: State Issued School Issued Other

Do you have reliable, daily transportation? Yes No

Are you willing and available to work Monday through Friday? Yes No
 If no, please explain why: _____
 If the job requires, can you work on Saturday and/or Sunday? Yes No
(Our jobs do not start until the school year ends. Base your answers on your availability during the summer months.)

Are you receiving, or are you eligible to receive, a free or reduced price school lunch? Yes No

Are you or your family currently receiving Cash Assistance from the Department of Public Welfare?
 Yes No

Are you or your family currently receiving Food Stamps? Yes No

Have you or your family received Food Stamps at any time during the past six months?
 Yes, ended _____ No

Do you receive a Social Security dependent benefit? Yes No *If yes, type:*
(For example, through a disabled or deceased parent.) Disability Benefit
 Survivor Benefit

Do you receive SSI (Supplemental Security Income)? Yes No

FAMILY SIZE AND INCOME – PLEASE READ INSTRUCTIONS!!!!

Total number of people in your family** (include yourself): _____

**** A FAMILY member is anyone living in your household who is related to you by blood, marriage or decree of court.**

In the section below, it is important that you list the names of all family members who live in your household, their income source, and amount received during the last 6 months preceding the date of this application. Include income from sources such as: gross wages/salary, unemployment benefits, Social Security benefits, disability benefits, retirement benefits, workmen's compensation, alimony, child support, self-employment income (gross receipts minus operating expenses), and any other sources of periodic income. You must include all sources of income to show how the family was supported during the past 6 months.

NOTE: Do not combine incomes received from different sources, such as wages and unemployment compensation, list each source of income separately.

NAME	AGE	RELATIONSHIP TO APPLICANT	EMPLOYER NAME OR INCOME SOURCE	GROSS INCOME PAST SIX MONTHS
		Applicant		

PLEASE NOTE: Your application cannot be processed if you fail to complete the family income section above. Be sure you have listed every family member living in your household whether they have had any income or not. If they have had no income in the past six months, write NONE in employer/income source column. If all family members have zero income, please include an explanation of how your family is supported.

We reserve the right to limit 14 and 15 year-old enrollments to insure compliance with Child Labor Laws.

DO NOT submit your Work Permit with this pre-application.

All Summer Youth Employment Program applicants must be:

- Age 14 to 24
 - A resident of Carbon County
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This is only a preliminary application. It does not guarantee a position on the Summer Youth Employment Program.

I understand that if I am contacted for an interview, I will be asked to provide documentation of the information I have listed on this pre-application. I allow release of the information contained on this pre-application for verification purposes and understand that it will be used to determine program eligibility.

Signature of Applicant

Date

Signature of Parent or Guardian *(not required if applicant is 18 or over)*

Date

Please review this pre-application and make sure you have answered ALL questions. Only signed and completed pre-applications will be processed!

*An Equal Opportunity Employer/Program
Auxiliary aids and services are available upon request to individuals with disabilities*