

Summer Youth Employment Program Application-2012

ACAP, Inc./OneWorkSource
 103 Hand Ave. Suite 1/P.O. Box 607
 Elizabethtown, NY 12932
 518-873-2341/1-800-675-2668

DEADLINE IS JUNE 1. LATE APPLICATIONS WILL BE ACCEPTED & PUT ON A WAITING LIST

Personal Information: AGE as of July 1, 2012: _____ County: _____

Name: _____ Social Security# _____ DOB _____

Street _____ PO BOX _____ City _____ State _____ Zip Code _____

Phone Number _____ Message Number _____ Gender: Male _____ Female _____

U.S. Citizen: Yes No, but eligible to work in the United States

Reg. # _____ Expiration Date: _____

Educational Status: Are you attending school now? Yes No **If Yes, The School Official section on the back of this form must be completed by a School Official. If not completed, your application will not be considered for employment.**

If Yes, Name of School _____ Grade _____

If No, Highest Grade Completed _____ Do you have a GED or HS Diploma: Yes No Year Received _____

Certificates/Licenses: _____

Computer Skills: _____

Employment Record:

Are you employed now? Yes No If you have ever been employed please list the information below:

Business Name _____ Dates Worked _____ to _____

Address _____

Street City State Zip Code

Job Title _____

Job Duties (Include Tools & Machines Used) _____

Reason for Leaving _____

Still willing to accept employment in this field? Yes No If no, why not? _____

Please write a few sentences about why you are applying and how you think this program can help you.

Previous Participation in Youth Employment Programs

Summer Youth Employment Program (Year Round) Work Experience Program

Household & Income Information:

Does **ANY MEMBER** of your household, including yourself, receive any of the following?

Programs	Circle YES or NO	Please List Names
Public Assistance (TANF or Safety Net)	YES NO	
Food Stamps	YES NO	
SSI (Supplemental Security Income)	YES NO	
Medicaid	YES NO	
HEAP	YES NO	
Free/Reduced School Lunches	YES NO	

List full names of all people living in your household and their relationship (if any) to you. Please check each of the following forms of income that apply to anyone in your household AND give the gross income received from each for the entire last six months: Be as accurate as possible. All information is subject to verification by Employment and Training.

- Wages
Social Security Benefits
Veteran’s Pension
Unemployment Insurance
Union Sub Pay
Worker’s Compensation
Child Support
Alimony
Net Rents
Net Self Employment
Other _____

Name	Age	Relationship	Income Source	6 Months Gross Wages

ACAP, Inc./OneWorkSource is committed to providing service to individuals in accordance with Affirmative Action, Equal Employment Opportunity, and Americans with Disabilities Regulations. It is our intent and assurance that no person shall be discriminated against on the grounds of race, color, religion, sex, national origin, age, disability, political affiliation or belief. **The following voluntary information is being requested for statistical purposes and to determine any special needs:**

Disability: Physical
Learning
Other _____
Pregnant or Parenting Teen

Any Special Needs or Required Accommodations? Yes No If yes, please explain _____

Foster Child
Homeless or Runaway
Offender (history of arrest or conviction for a crime)
History of Drug/Alcohol Abuse
White/Non-Hispanic
Black/Non-Hispanic
Hispanic
American Indian/Alaskan Native
Asian/Pacific Islander

Veteran Yes No Disabled Veteran

Applicant:

I give permission for the ACAP, Inc./OneWorkSource Summer Youth Program to contact my school to obtain additional information including: grades, graduation information, IEP, etc. and/or to conduct a background check, if necessary. I also give the Summer Youth Employment Program permission to verify my and/or child’s case number, cash and food stamp amounts, opening date, address, and/or date of birth, through contact with Essex County Department of Social Services. All information is kept confidential. My signature below indicates that the information I have provided is true and correct to the best of my knowledge.

Applicant Signature Date

Parent/Guardian:

I give permission for my child to participate in the Summer Youth Employment Program, and for the program to contact my child's school to obtain additional information including : grades, graduation information, IEP, etc. and/or to conduct a background check, if necessary. I also give the Summer Youth Employment Program permission to verify my and/or child's case number, cash and food stamp amounts, opening date, address, and/or date of birth, through contact with Essex County Department of Social Services. All information is kept confidential. The information I have provided is true and correct to the best of my knowledge.

Parent/Guardian Signature

Date

*****This section must be completed by a School Official if youth is in school. If not completed, your application will not be considered for employment:**

This student has at least 90% attendance Yes No If no, what % is their attendance? _____
Has this student had any suspensions this school year? Yes No

School Official Signature

Title

Phone Number

Date

These questions are not a qualifier, but may be used to determine applicant placement into positions or when positions are limited.

COMPLETION OF THIS APPLICATION DOES NOT INDICATE ACCEPTANCE INTO THE SUMMER YOUTH EMPLOYMENT PROGRAM.
FUNDING DICTATES THE AMOUNT OF YOUTH WE ARE ABLE TO HIRE.