

Youth Program Application

SECTION A: APPLICANT INFORMATION. Please print neatly using black/blue ink. Use check mark to indicate your response to questions with boxes.

Last Name: _____ First Name: _____ Middle Initial: _____

Social Security Number: _____ Date of Birth: _____ Age: _____ Gender: _____

_____ - _____ - _____ _____/____/____ Male: _____ Female: _____

Street Address: _____ City / State: _____ Zip Code: _____

Phone Number: _____ Alternate Number: _____

Name of Parent / Legal guardian: _____ Relationship: _____ Emergency Contact Phone Number: _____

_____ (____) _____ - _____

Citizenship Status: _____ Race / Ethnicity _____

_____ US Citizen _____ Black/ Non-Hispanic _____ Asian _____ Bi / Multi Racial

_____ Permanent Resident alien _____ American Indian _____ Hispanic / Latino

_____ Other _____ Hawaiian / Pacific Islander _____ Caucasian _____ Other

SECTION B: ADDITIONAL BACKGROUND INFORMATION

Are you pregnant or have any children? Are you registered with Selective Service? Is English your second language?

_____ No _____ Yes # of Children _____ Yes _____ No _____ Yes _____ No

Are you homeless / living in a shelter? Are you currently a foster child? Criminal Offender?

_____ Yes _____ No _____ Yes _____ No _____ Yes _____ No

Do you have a Disability? _____ Yes _____ No if yes, please attach any accommodations you may need in the workplace.

Selective Service Registration: _____ Yes _____ No _____ N/A under 18 or Female

Are you the spouse or child of an active duty service member of the U.S. Armed Services? _____ Yes _____ No

Can you pass a drug test? _____ Yes _____ No Can you pass a background check? _____ Yes _____ No

SECTION C: EDUCATIONAL INFORMATION:

Did you graduate High School? _____

Are you currently enrolled in school? _____ School Name: _____

Are you a High School Drop Out? ____ Yes ____ No highest grade completed: _____ Last Year attended: _____

Do you have a GED? ____ Yes ____ No Date obtained: _____

SECTION D: ELIGIBILITY – Definition of family: Related by blood, marriage, or decree or court. This includes parents, guardians, siblings, grandparents, and dependent children that reside in the home. Please check if your family is receiving any of the following:

____ Cash Assistance (TANF) ____ Food Stamps (Currently or within the last six months) ____ SSI /SSD
____ Unemployment ____ Other

Total number of family members in the household (reference definition above): _____

Total family income (gross) for the last 6 months of all working members in the household: \$ _____

Do you have reliable transportation? ____ Yes ____ No Explain: _____

SECTION E: Areas of Interest.

What area are you interested in? (Check all that apply)

Industrial	Office
<input type="checkbox"/> Supervisory <input type="checkbox"/> CDL License <input type="checkbox"/> Assembly <input type="checkbox"/> Other:	<input type="checkbox"/> Typing WPM _____ <input type="checkbox"/> Reception <input type="checkbox"/> Data Entry
<input type="checkbox"/> Inventory Control <input type="checkbox"/> Electronic <input type="checkbox"/> Mechanical	<input type="checkbox"/> Bookkeeping <input type="checkbox"/> Telemarketing <input type="checkbox"/> Customer Service
Building Trades	Healthcare
<input type="checkbox"/> Landscaping <input type="checkbox"/> Carpentry <input type="checkbox"/> Cement / Masonry <input type="checkbox"/> Electrical	<input type="checkbox"/> L.P.N. <input type="checkbox"/> Medical Billing <input type="checkbox"/> Medical Secretarial <input type="checkbox"/> C.N.A.
<input type="checkbox"/> Roofing <input type="checkbox"/> Plumbing <input type="checkbox"/> H.V.A.C. <input type="checkbox"/> Warehouse	<input type="checkbox"/> Registered Nurse <input type="checkbox"/> Laboratory <input type="checkbox"/> Dental Assistant <input type="checkbox"/> Dental Hygienist
Computer	Equipment Operation
<input type="checkbox"/> Help Desk <input type="checkbox"/> Networking <input type="checkbox"/> Graphics <input type="checkbox"/> Programming	<input type="checkbox"/> Fork Lift <input type="checkbox"/> Agricultural <input type="checkbox"/> Mailroom
<input type="checkbox"/> Software Proficiency <input type="checkbox"/> Engineer <input type="checkbox"/> Telecommunications <input type="checkbox"/> Other:	<input type="checkbox"/> Printing <input type="checkbox"/> Marine <input type="checkbox"/> Other:
Retail / Food Service / Hospitality	Other Professional Skills
<input type="checkbox"/> Cashiering <input type="checkbox"/> Sales / Cust. Service <input type="checkbox"/> Management <input type="checkbox"/> Grocery <input type="checkbox"/> Travel / Airline	<input type="checkbox"/> Accounting <input type="checkbox"/> Banking <input type="checkbox"/> Child Care <input type="checkbox"/> Cosmetology <input type="checkbox"/> Education <input type="checkbox"/> Engineering
<input type="checkbox"/> Food Prep. <input type="checkbox"/> Wait Staff <input type="checkbox"/> Housekeeping <input type="checkbox"/> Cruise line <input type="checkbox"/> Other:	<input type="checkbox"/> Fitness <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Legal <input type="checkbox"/> Outside Sales <input type="checkbox"/> Security <input type="checkbox"/> Other:

SECTION F: Essay – Please complete a one page essay on why you want to be part of this program.

Attestation

I understand that, by signing this form, I certify that all information provided is true. Any willful misstatement of facts may cause forfeiture of my participation in the SYEP Program. I understand the information is subject to verification and agree to provide such documentation as required. I understand my Social Security number may be given to other Federal, State, and Local government or non-government job training agencies for performance tracking.

Signature

Date

Signature of Parent/Guardian (if under 18)

Date

Signature of CareerSource Pasco Hernando Staff

Date

Thank you for your interest in the **HERNANDO GROW FIELD DAY**. Your application will be screened for eligibility. Should your application be selected, you will be notified within 30 days by a CareerSource Pasco Hernando staff member along with any additional information and an appointment to come in to speak with your Career Specialist.

CareerSource Pasco Hernando Hernando Grown Career Day
Household Composition and Income Verification

SECTION I: Household Composition – Please list **ALL** members that are living in your house, starting with yourself. Please indicate each person's relationship to you. Also indicate whether any family members have worked in the last six (6) months.

Name	Relationship to Participant	Worked in the last 6 Months Y/N

INCOME VERIFICATION:

SECTION II: If members of the family have worked, please complete the 26 week pay history worksheet. List each family member that has been employed within the last 6 months:

Family Member: _____

Family Member: _____

Family Member: _____

Family Member: _____

Family Member: _____

I certify that all information provided on this form is true and correct. I consent to verification of this information. I further understand that his information will be used to determine my eligibility to enter the Summer Youth Program and that any false information given intentionally may result in my immediate termination from the Summer Youth Program and that any monies received while enrolled in the Summer Youth Program may have to be repaid.

Customer Signature

Date

CareerSource Pasco Hernando Hernando Grown Career Day Consent Form

Participant Name: _____

Social Security Number: _____

Consent to access School, Law Enforcement and Employment Information

I authorize CareerSource Pasco Hernando Summer Youth Program to access any school records and test results, law enforcement records, verifications of employment and payroll history as necessary to document eligibility and information for the Summer Youth program. I understand that the information will be used for the sole purpose of documenting eligibility and state required follow-up for this program.

Consent for Photography/Videotape Release

I give my consent to be photographed and/or videotaped in connection with visual documentation of work performed by CareerSource Pasco Hernando Summer Youth Program. I also give permission for any image of likeness to appear in CareerSource Pasco Hernando Summer Youth Program/ Pasco-Hernando Workforce Board marketing materials including, but not limited to, printed brochures, Internet site, media advertising, Company staff newsletter, and public relations material such as press releases, case studies, and feature articles.

In case of Emergency, please contact:

Print Name: _____

Relationship to Participant: _____

Home Phone: () _____ Work Phone: () _____ Cell: _____

Allergies/Medical Conditions:

I have read and understand the information presented in this document.

Signature of Participant

Date

Signature of Parent/Legal Guardian (under 18)

Date

**CareerSource Pasco Hernando Summer Youth Program
Participation and Program Standard Agreement**

Training Start Date: _____

End Date: _____

CareerSource Pasco Hernando Summer Youth Program agrees to provide instruction to our participants in a positive, respectful manner and to provide an environment for open, direct communications. Staff will provide participants with the opportunities to learn enhanced basic skills, employability skills, occupational skills, self-motivation, and self-improvement.

As a participant, I understand that this training program is paid for with public funds. Due to the nature and scope of information being presented, I understand that I will have to try my hardest and follow all program instructions in order to learn and be able to model the skills I will be practicing. Training will include basic educational skills, employability skills, and occupational skills. This is a special program that requires focus, commitment, and my best efforts to maximize my potential success.

Should any barriers appear, I will bring them to the attention of my CareerSource Pasco Hernando staff member or my family, and try to work through and overcome these obstacles. I assure the staff that I will not drop out of this program; I know that improving my academic performance is part of this program's expectations.

I agree to meet the following program standards. Failure to do so may result in termination from the program:

1. Be Punctual to scheduled training activities
2. Display appropriate behavior; no abusive language allowed
3. Maintain good grooming and personal hygiene
4. Dress appropriately
5. No use of drugs or alcohol
6. No weapons of any kind allowed in or around the training environment
7. Abide by all rules of the facility/business setting, including but not limited to smoking restrictions, receiving or making personal phone calls, restricted long distance usage, restricted internet access, etc.

Participant Name	Signature of Participant	Date
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Name:	Signature of Parent/Legal Guardian (under 18)	Date
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Signature of CareerSource Pasco Hernando Staff	Date
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Attestation – Relative/Friend/Employer/Case Worker

I, _____, attest: _____
Name

I ATTEST THAT THE INFORMATION STATED ABOVE IS TRUE AND ACCURATE AND UNDERSTAND THAT THE ABOVE INFORMATION, IF MISINTERPRETED OR INCOMPLETE, MAY BE GROUNDS FOR IMMEDIATE TERMINATION AND/OR PENALTIES AS SPECIFIED BY LAW.

Signature: _____ Date: _____

Parent/Guardian Signature (if under 18): _____ Date: _____

CareerSource Pasco Hernando Staff Signature: _____ Date: _____

OFFICE USE ONLY – Must be completed for Enrollment

The Applicant Statement documents the following eligibility criteria:

Signature of CareerSource Pasco Hernando Staff

Date