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(607) 756-7585 ext. 3229 Fax: (607) 756-5531

WIOA YOUTH SERVICES APPLICATION

GENERAL INFORMATION

Last Name _____ First Name _____ M.I. _____

Date of Birth ___/___/_____ Age _____

Physical Address: _____ Apt # _____

Mailing Address (if different): _____

City _____ State _____ Zip Code _____ County _____

Gender: Male Female

Home Telephone (____) _____ - _____ Cell Phone (____) _____ - _____

E-Mail Address _____ Social Security Number _____ - _____ - _____

Are you a US Citizen? Yes No If not, are you authorized to work in the United States? Yes No

ETHNICITY/ RACE

Ethnicity: Hispanic or Latino Not Hispanic or Latino

Race: Alaskan/American Indian Asian (not Hispanic) Hawaiian/Pacific Islander

White (not Hispanic) Black, or African American

Note: Answering the ethnicity/race section is voluntary. Information will be kept confidential and is intended for use solely in connection with record keeping and affirmative action requirements. You will not be penalized for refusal to answer.

EDUCATION

Are you currently enrolled in school? High School College

Education: (Please check last grade completed)

7 8 9 10 11 12

Which of the following best describes your last year of school? (Check all that apply)

High School Dropout High School Diploma or GED IEP Diploma

Which type of school program did you last attend?

BOCES (Technology) Alternative Education Program Traditional High School Some College

ADDITIONAL INFORMATION

Are you a person with a disability? Yes No (including but not limited to: anxiety, depression, mental health conditions, learning disabilities, physical impairment)

If you checked yes, how would you classify your disability? Mental Physical Learning

Are you or were you employed as a Migrant/Seasonal Worker? Yes No If Yes, check one of the following:

Migrant Farm Worker Migrant Food Processor Seasonal Farm Worker Unspecified

Can you be claimed as a dependent on any income tax forms? Yes No

Are you a foster child? Yes No

Are you considered homeless (lack a fixed, regular and adequate nighttime residence)? Yes No

Have you ever been involved with the Juvenile Justice System or Probation or convicted of any crime except for minor traffic violations. Yes No If yes, who is/was your probation officer? _____

Note: The question above regarding juvenile status is voluntary. Information will be kept confidential and is intended for use solely in connection with record keeping and affirmative action requirements, and to determine program eligibility.

EMPLOYMENT OBJECTIVE

Employment Goals (What kind of work do you want to do?): _____

Interest Areas (Which of the following do you like to do or think you would like to do?):

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Work inside | <input type="checkbox"/> Cook | <input type="checkbox"/> Take care of animals | <input type="checkbox"/> Sell a product |
| <input type="checkbox"/> Work outside | <input type="checkbox"/> Garden | <input type="checkbox"/> Move furniture | <input type="checkbox"/> Operate a machine |
| <input type="checkbox"/> Use a computer | <input type="checkbox"/> Clean | <input type="checkbox"/> File papers in an office | <input type="checkbox"/> Operate heavy equipment |
| <input type="checkbox"/> Help/care for people | <input type="checkbox"/> Serve food, bus tables | <input type="checkbox"/> Write music or songs | <input type="checkbox"/> Answer phones |

Other work-related interests (specify): _____

List employers you would like to work for (if any):

Employer Name _____ Location _____
Employer Name _____ Location _____
Employer Name _____ Location _____

EMPLOYMENT PREPARATION

How do you prefer to be contacted? Mail ____ Home Phone ____ Cell Phone ____ (Call ____/Text ____) E-Mail ____

Mode of transportation: *Please check all that apply.* ____Bicycle ____Parents ____Own car ____Public transportation ____Walking

Do you have a driver's license? ____Yes ____No

If less than 18 years of age, do you have a Working Card in your possession? ____Yes ____No

(Males Only) If over 18 years of age, are you registered for the Selective Service? ____Yes ____No
(If yes the Number: _____)

Are you currently employed? ____Yes ____No

Job Skills: Include skills and abilities that you have used or would use in your job, (for example, typing, filing, sorting/categorizing things and information, answering and directing incoming calls, interpreting written instructions), or skills and abilities that you have learned, (for example, the ability to read blueprints, any foreign languages in which you are fluent), and list any computer skills: _____

List below the Clubs/Organizations/Hobbies/Sports/Activities you like to do (Ex. Soccer, video games, camping, reading, youth group, Big Brothers or Big Sisters): _____

WORK and/or VOLUNTEER HISTORY

Employer/Volunteer Site _____ Start Date ___/___/___ End Date ___/___/___

Address _____ Wage \$ _____ Number of Hours _____

City _____ State _____ Country, if not US _____

Job Title _____ Reason for leaving _____

JobDuties _____

Employer/Volunteer Site _____ Start Date ___/___/___ End Date ___/___/___

Address _____ Wage \$ _____ Number of Hours _____

City _____ State _____ Country, if not US _____

Job Title _____ Reason for leaving _____

JobDuties _____

Employer/Volunteer Site _____ Start Date ___/___/___ End Date ___/___/___

Address _____ Wage \$ _____ Number of Hours _____

City _____ State _____ Country, if not US _____

Job Title _____ Reason for leaving _____

JobDuties _____

CERTIFICATION:

I/We certify that the information provided in this application is true to the best of my/our knowledge. My/Our signature below certifies that all information provided on all parts of this application is true and correct to the best of my/our knowledge. I/We understand this information is used to determine eligibility and I/we may be required to document the accuracy of this information. This information is subject to external verification and may be released for such purposes. If found ineligible after enrollment, I/we understand program services will end. If program services are terminated as a result of falsifying information on this application, I/we understand I/we may also be prosecuted for fraud. My/Our signature serves as giving my/our permission to verify any and all information contained in this application. I/We acknowledge that I may be asked to provide follow-up information to assist in evaluating this program for enrollment.

Applicant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Counselor Signature (WIOA STAFF) _____ Date _____