2010 Summer Youth Employment Application

APPLICANTS MUST BE 14-24 YEARS OF AGE AND MEET ELIGIBILITY REQUIREMENTS TO PARTICIPATE IN THE SUMMER YOUTH EMPLOYMENT PROGRAM. This Form Must Be Completed and Signed by the Applicant. If you are less than 18 years of age, a parent, legal guardian, or responsible adult must also sign the application.

Name (Last Name, First Name)		Date of Birth	Last Four Digits of Social Security # (_____) *(Full SSN Must Be Provided If Selected)*	
Current Address	Apt. #	City	State	Zip Code
Phone Number	Alternate Phone Number		Email Address	

Please place a check next to the agency you are currently receiving workforce development services or interested in receiving services.

☐ Az Call-A-Teen Youth Resource ☐ Goodwill ☐ AWEE
☐ Chicanos Por La Causa ☐ Friendly House ☐ YMCA Las Artes ☐ Jobs for Arizona Graduates

Race Group (Please mark one race group below)

☐ White ☐ Black/African-American and White ☐ Black/African-American
☐ Native-Hawaiian/Pacific Islander ☐ Asian ☐ Asian and White
☐ Native-American/Alaskan Native ☐ Native American/Alaskan Native and Black ☐ Native American/Alaskan Native and White
☐ Other Multi-Racial

Ethnicity - ☐ (Mark box if you are of Hispanic or Latino Ethnicity regardless of Race) Gender - ☐ Male ☐ Female

EDUCATION HISTORY

Name and Location of School	Highest Grade Completed	Not Graduated? Start date for Fall 2010	Year Graduated	Favorite Subjects
Middle or Jr. High School				
High School				

EXTRACURRICULAR/WORK EXPERIENCE

Beg. Month/Year	Name of Org./Business	Voluntary or Paid	Position	Reason for Participating

PRE-SCREENING CRITERIA:

1. Are you between the ages of 14-24 years of age? ☐ Yes ☐ No
2. Are you a U.S. Citizen? ☐ Yes ☐ No
3. Do you have proof of right to work in the United States? ☐ Yes ☐ No
4. If you are a male and 18 or older, did you register for Selective Service? ☐ Yes ☐ No
5. Are you currently receiving public assistance? TANF ☐ Food Stamps ☐ SSI ☐ ☐ Yes ☐ No
6. Do you have a high school diploma or GED? ☐ Yes ☐ No
7. Are you a Veteran? Disabled Veteran? Recently Separated? Spouse of a Veteran? ☐ Yes ☐ No
   (Priority will be given to Veterans, if admission requirements are met.)
8. Are you currently employed? ☐ Yes ☐ No
9. Have you been laid off in the past six months and/or not currently working? ☐ Yes ☐ No
10. Have one of your parents you are currently living with been recently laid off and/or not currently working? ☐ Yes ☐ No
11. Are you receiving Unemployment Insurance or have received in the last six months? ☐ Yes ☐ No

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

2010 Summer Youth Employment Application

Current School Status - Please only choose one.

☐ Attending High School ☐ Attending Alternative School/GED Program ☐ Attending College/Trade/Vocational Training

☐ Not attending school; high school dropout ☐ Not attending school; H.S. graduate or received GED

Choose any of the following items that apply to your current situation. By checking the box, you attest the accuracy of the information in order to be eligible for the Summer Youth Employment Program.

Youth Needing Assistance

☐ I am a youth who needs additional assistance to complete an educational program.

☐ I am a youth who requires assistance to secure and hold employment.

Homeless/Runaway Youth

☐ I am homeless or a runaway youth.

Youth with Disability

☐ I am a youth with a disability that can be documented in an IEP or physician's statement.

Youth Offender

☐ I am a youth offender.

☐ I have been detained and/or incarcerated.

☐ I am or have been on probation.

Pregnant/Parenting Youth

☐ I am a pregnant or parenting youth.

☐ I am a single parent.

Foster Youth

☐ I am currently or have been in CPS care.

☐ I currently live in a group home or foster home.

Complete the section below to determine family size and income. Please include adults and youth living at the residence identified on this application. Please add the income each family member contributes to the household. Please remember that income will be verified for the past six months by requesting additional information such as pay stubs, W-2, etc.

Family Member's Name	Relationship	Income Source/ Employer	Dates of Employment	Hourly Wage	Hours Per Week	Annual Salary

Will you, the applicant, be claimed as a Dependent on another's income tax return?

What documentation did you, the applicant/parent/guardian/responsible adult, use to determine income eligibility?

Do you provide 50% or more of your own support?

If no income is reported, explain source of support.

CAREFULLY READ THE FOLLOWING BEFORE SIGNING YOUR NAME:

Self-Attestation Statement: I certify that the information given on this document is true and accurate to the best of my knowledge and belief. I understand that such information is subject to verification, and I further realize that falsified or fraudulent information may result in the rejection of this document, subsequent termination from the WIA Program, Summer Employment Program, or prosecution under the law.

I submit this signed form as authorization to apply for the participation in the Summer Employment Program. I understand that the completion and submission of this form does not guarantee placement in the program.

If you have any questions or concerns on the above information or need assistance in completing this form, please call 602-506-4888.

Applicant Signature: _____ **Date**: _____

Parent/Legal Guardian Signature: _____ **Date**: _____
(Required for those under the age 18.)

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

2010 Summer Youth Employment Application

MEDICAL RELEASE

Youth's Name:	Date of Birth:	Age: NaN
Hospital Preference:		
Physicians Name:		
Please list any known medical conditions:		
Please list any known allergies:		

IN CASE OF EMERGENCY, PLEASE CONTACT:		
Parent/Guardian	Home Phone	Work/Cell Phone
Relative/Spouse	Home Phone	Work/Cell Phone
Neighbor/Friend	Home Phone	Work/Cell Phone

Please complete if youth is under 18

I, _____ _____
Parent/Guardian Relationship to Youth

of _____ hereby consent to, and authorize emergency medical care,
Youth's Name

diagnosis and treatment for_____ when suffering from life threatening condition requiring immediate emergency medical care in the event that I am not immediately available to provide consent and authorize medical care.

_____ _____
Youth/Parent/Guardian/Responsible Adult Signature Date
(Required for those under the age 18.)

I , _____ DOB _____ SS# _____

hereby authorize the release of information to Maricopa Workforce Connection and/or _____ in order to verify participation in education and training; current and past employment, start and termination dates, wages paid, job titles, hours worked, benefits received and source(s) of referral.

_____ _____
Signature of Individual Authorizing Release Date

_____ _____
Youth/Parent/Guardian/Responsible Adult Signature Signature of Parent/Guardian
(Required for those under the age 18.)

_____
Date

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

2010 Summer Youth Employment Application

ELIGIBILITY DOCUMENTATION CHECKLIST

If you are selected to participate in the program through the random selection process and eligibility determination, you must bring documentation with you to your interview appointment to complete the eligibility process. The documentation provided must be current (on the date of application and/or within three months prior to the appointment), whichever applies.

VERY IMPORTANT VERY IMPORTANT VERY IMPORTANT VERY IMPORTANT

- You must bring all the documentation that applies to you to the interview appointment.
- If you are under 18, a parent/guardian must attend the interview and eligibility appointment.
- If you do not, the interview will not be held and will be rescheduled.
- The application must be signed and dated by the applicant, and parent or legal guardian where applicable.
- Complete all areas. If the application is NOT completely filled out, it will NOT be accepted.

1. **You must bring Income Verification documentation for the last six months -** Pay Stubs, Bank Statements, Social Security Benefits (Retirement), Public Assistance Records, Alimony, Family/Business Financial Records, etc. (A family of 5 individuals living in a residence cannot make more than $30,285 annually to be eligible for the program.)

Family Size and Income Requirements

#	Max. Income	#	Max. Income
1	$10,830	5	$30,285
2	$15,142	6	$35,422
3	$20,790	7	$40,559
4	$25,665	8	$45,696
Add $5,137 for each additional person greater than 8			

2. If selected, bring these documents to the interview appointment:
   - ❑ State Issued Driver's License or State ID Card
   - ❑ School ID with Picture, if in high school, vocational or post-secondary education
   - ❑ U.S. Social Security Card or Permanent Resident Card or Alien Registration Receipt Card (Form I-551)
   - ❑ Birth Certificate
   - ❑ High School Diploma/GED Certificate or High School Transcripts

If you do not have the above documents, you must prove Right to Work. Please discuss during the initial phone call when scheduling an eligibility appointment.

Applications will be available online and at the following sites starting April 5th, 2010. Applications will need to be delivered to the following locations by 5:00 p.m. on May 21st, 2010 to be considered for the random selection process.

City of Avondale
Neighborhood & Family Services Dept
1007 S. 3rd Street
Avondale, AZ 85323
Attn: Chris Lopez

Dysart Community Center
14414 N. El Mirage Rd.
El Mirage, AZ 85335
Attn: Priscilla Pena

YMCA/ Maryvale
3825 N. 67th Ave.
Phoenix, AZ 85033

YMCA/ Glendale
14711 N. 59th Ave.
Glendale, AZ 8530

Maricopa Workforce Connections
1840 N. 95th Ave., Suite 160
Phoenix, AZ 85037
Attn: Trina Jenkins

Chandler Community Action Program
650 N. Arizona Ave.
Chandler, AZ 85225

YMCA/ Mesa
207 N. Mesa Dr.
Mesa, AZ 85201

South Mountain Community College
Guadalupe Center
9233 S. Avenida del Yaqui (Priest Dr.)
Guadalupe, AZ 85283

Maricopa Workforce Connections
735 N. Gilbert Rd., #134
Gilbert, AZ 85234
Attn: Keri March

Scottsdale Community Action Program
7700 East Roosevelt
Scottsdale, AZ 85257

Gila Bend Community Action Program
202 N Euclid
Gila Bend, AZ 85337
Attn: Diane Dempsey

Buckeye Recreation Center
1003 E. Eason Ave.
Buckeye, AZ 85326

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