



Project Self-Sufficiency Summer Youth Employment Program 2017

The 2017 Summer Youth Employment Program is open to youth aged 15 to 17 who have NOT previously been served by this program.

STUDENT INTAKE APPLICATION

How did you hear about our Summer Youth Employment Program?

Newspaper__ Radio__ TV__ Friend __ PSS Counselor __ Other (specify)_____

Have you ever participated in the Summer Youth Employment Program before? __YES __NO
If yes, designate the year of participation _____.

LAST NAME:_____ FIRST NAME:_____

SOCIAL SECURITY #:_____

EMAIL ADDRESS:_____

MAILING ADDRESS:_____

CITY:_____ STATE:_____ ZIP:_____

HOME PHONE:_____ CELL PHONE:_____

EMAIL:_____

PARENT'S WORK PHONE:_____

ARE YOU A U.S. CITIZEN/LEGAL RESIDENT? YES _____ NO _____

IF NO, ARE YOU ELIGIBLE TO WORK IN THE US? YES _____ NO _____

AGE: _____ BIRTH DATE:_____ MALE _____ FEMALE _____

ARE YOU STILL ATTENDING HIGH SCHOOL? YES _____ NO _____

NAME OF HIGH SCHOOL:_____ GRADE AS OF 9/1/17:_____

IF NO, WHAT IS THE HIGHEST GRADE YOU COMPLETED?_____

IF NO, DO YOU HAVE A GED? YES _____ NO _____

**REASON FOR DROPPING OUT_____

RACE/ETHNIC GROUP: (CHECK ONE OR MORE)

___ WHITE/NON-HISPANIC

___ AMERICAN INDIAN/ALASKAN NATIVE

___ AFRICAN AMERICAN

___ ASIAN/PACIFIC ISLANDER

___ HISPANIC

WERE YOU EMPLOYED IN THE LAST YEAR? YES _____ NO _____

If yes, provide employment information:

Job 1 Employer Name: _____

Address/City/State/Zip: _____

Job Title: _____

Start Date: _____ End Date: _____

Hourly Wage: _____ # of Hours per week: _____

Job Duties: _____

Reason for Leaving: _____

Job 2 Employer Name: _____

Address/City/State/Zip: _____

Job Title: _____

Start Date: _____ End Date: _____

Hourly Wage: _____ # of Hours per week: _____

Job Duties: _____

Reason for Leaving: _____

I hereby certify under penalty of perjury that the information provided is true to the best of my knowledge and there is no intent to commit fraud. I attest that the information state above is true and accurate. I am also aware that eligibility is subject to review and verification and participants may be required to document its accuracy. Participants are subject to immediate termination if found ineligible after enrollment.

Applicant's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Interviewer Signature: _____ Date: _____