



2009 Summer Employment Program
REGISTRATION FORM

Date: _____

GENERAL INFORMATION:

1. Social Security # _____
2. Last Name _____ 3. First Name _____ 4. M.I. _____
5. Street Address _____
Mailing Address _____
6. City _____ 7. State _____ 8. Zip Code _____ 9. County _____
10. Country, if not US _____ 11. Date of Birth ____ / ____ / _____ 12. Sex: ___Male ___Female
13. Telephone (____) _____ - _____ 14. Alternative Telephone (____) _____ - _____
15. Message Telephone (____) _____ - _____ 16. E-Mail Address _____
17. Are you a US Citizen? ___Yes ___No If not, are you authorized to work in the United States? ___Yes ___No
If no, please explain _____
18. Ethnicity: ___ White (not Hispanic) ___ Black, or African American ___ Hispanic or Latino
___ Alaskan/American Indian ___ Asian (not Hispanic) ___ Hawaiian/Pacific Islander ___ Other
Note: Question 18 above 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.

19. Grade [WIA Education Level] -
Please check last grade completed:
___ 7 ___ 8 ___ 9 ___ 10 ___ 11 ___ 12
Which of the following best describes your last year of school?
___ High School Dropout ___ AP Classes ___ 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
What courses did you take in school? _____
Please list your favorite subject(s): _____
What is your goal regarding School? _____

ADDITIONAL INFORMATION:

20. What is your disability status (to include any mental health diagnosis or learning disability)?
___ Disabled ___ Not Disabled ___ Unspecified
If you checked disabled, how would you classify your disability? ___ Mental ___ Physical ___ Learning
21. 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
22. Are you or any member of your household receiving TANF? ___ Yes ___ No Safety Net? ___ Yes ___ No
Food Stamps or other income support? ___ Yes ___ No Are you a foster child? ___ Yes ___ No
Can you be claimed as a dependent on any income tax forms? ___ Yes ___ No
23. 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 your probation officer? _____
Note: The question above 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.

24. How do you prefer to be contacted? Mail Primary Phone Cell Phone Message Phone E-Mail

25. Mode of transportation: *Please check all that apply.* Bicycle Parents Own car Public transportation

26. Do you have a driver's license? Yes No

If less than 18 years of age, do you have a Working Card? Yes No

If over 18 years of age, are you registered for the Selective Service? Yes No (If yes the Number: _____)

27. Are you currently employed? Yes No

28. 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:

29. 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 Hrs Vol. _____

City _____ State _____ Country, if not US _____

Job Title _____ Reason for leaving _____

Job Duties _____

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

Address _____ Wage \$ _____ Number of Hrs Vol. _____

City _____ State _____ Country, if not US _____

Job Title _____ Reason for leaving _____

Job Duties _____

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

Address _____

City _____ State _____ Country, if not US _____

Job Title _____ Reason for leaving _____

Job Duties _____

FINANCIAL ELIGIBILITY:

32. Please list all individuals living in household who are related to the applicant by blood, marriage, or adoption, their age, relationship to the applicant, and their earnings, if any, from the previous 26 weeks.

1. Name _____	Age _____	Relationship <u>SELF</u>
2. Name _____	Age _____	Relationship _____
3. Name _____	Age _____	Relationship _____
4. Name _____	Age _____	Relationship _____
5. Name _____	Age _____	Relationship _____
6. Name _____	Age _____	Relationship _____
7. Name _____	Age _____	Relationship _____
8. Name _____	Age _____	Relationship _____
9. Name _____	Age _____	Relationship _____
10. Name _____	Age _____	Relationship _____

33. Are you or any family member presently receiving: (Check all that apply and indicate the amount received monthly)

<input type="checkbox"/> Wages from Employment	Family Member _____	Earnings _____
<input type="checkbox"/> Alimony	Family Member _____	Earnings _____
<input type="checkbox"/> Rental Income	Family Member _____	Earnings _____
<input type="checkbox"/> VA Retirement Pension	Family Member _____	Earnings _____
<input type="checkbox"/> Private Retirement Pension	Family Member _____	Earnings _____
<input type="checkbox"/> Lifetime Worker's Compensation	Family Member _____	Earnings _____
<input type="checkbox"/> Fixed Term Compensation	Family Member _____	Earnings _____
<input type="checkbox"/> Social Security or Private Disability	Family Member _____	Earnings _____
<input type="checkbox"/> Supplemental Security Income (SSI)	Family Member _____	Earnings _____
<input type="checkbox"/> Unemployment Insurance Benefits	Family Member _____	Earnings _____
<input type="checkbox"/> Child Support Payments	Family Member _____	Earnings _____
<input type="checkbox"/> Social Security Retirement Insurance	Family Member _____	Earnings _____
<input type="checkbox"/> Social Security Survivor's Insurance	Family Member _____	Earnings _____

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 _____ Date _____

THIS PAGE FOR STAFF ONLY

Financial Section (To be completed by interviewer):

FINANCIAL WORKSHEET

Income Determination Period: From _____ to _____

Total Applicable Income: 26 Weeks _____ Annualized _____
Income guidelines for family size of WIA _____ TANF _____

ECONOMIC STATUS:
_____ At or Below 70% LLSIL
_____ At or below 200 % LLSIL
_____ Above eligibility figure

WIA TANF Ineligible ___ Older Youth ___ Younger Youth

Proof of Income _____ Proof of Age _____ Proof of Address _____

Proof of Family Size _____ Barrier _____ 30 Day Review _____ Quarterly Review _____

Interviewer's initial _____