

# Community Action for Wyoming County

6470 Rt. 20A, Perry, NY 14530  
(585)237-2600

## Youth Employment & Training Application

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Name (Last, first, M.I.)

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Age

\_\_\_\_\_  
City or Town

\_\_\_\_\_  
County

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip code

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
e-mail address

Sex  Male  Female

U.S. Citizen  Yes  No, If no are you permitted to work in the U.S.?  Yes  No

Ethnic Group  White (not Hispanic)  Hispanic  Black

American Indian/Alaskan Native  Asian or Pacific Islander

*Please be advised that your answers to the following questions are needed to help establish your eligibility for programs, not to disqualify you from services.*

Are you: a foster child?  Yes  No

pregnant or parenting?  Yes  No

a PINS?  Yes  No

currently enrolled in school?  Yes  No Highest grade completed \_\_\_\_\_

If yes, where do you attend school? \_\_\_\_\_

Do you have any physical, mental, or medical conditions that may affect your ability to work and/or be successful in school?  Yes  No If yes, please explain:  
\_\_\_\_\_

Except for Minor traffic violations, have you ever been convicted of any crime?  Yes  No, If yes, please explain:  
\_\_\_\_\_

Are you now under charges for any crime?  Yes  No, if yes, please explain:  
\_\_\_\_\_

Are you currently on probation or parole?  Yes  No

If yes, who is your probation/parole officer? \_\_\_\_\_

Are you employed?  Full-time  Part-time \_\_\_\_\_  
Hourly wage \_\_\_\_\_ Hours per week \_\_\_\_\_  
 Not in the labor force

Do you or anyone else in your household receive any of the following (please check those received)

Free school lunch  Cash Public Assistance  Food Stamps

If your family isn't currently receiving Food Stamps, have they been determined eligible to receive them in the past 6 months?  Yes  No

## Work History

\_\_\_\_\_  
Employer name & address

\_\_\_\_\_  
Job Title

\_\_\_\_\_  
Hourly wage

\_\_\_\_\_  
Duties

\_\_\_\_\_  
Dates of employment

\_\_\_\_\_  
Reason for leaving

\_\_\_\_\_  
Employer name & address

\_\_\_\_\_  
Job Title

\_\_\_\_\_  
Hourly wage

\_\_\_\_\_  
Duties

\_\_\_\_\_  
Dates of employment

\_\_\_\_\_  
Reason for leaving

Please list all family members who reside with you, indicate their relationship to you and **all income** that they have had in the past 26 weeks (include Social Security, retirement, UIB etc):

Name	Relationship(to you)	Income for past 26 weeks	Source of Income
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*To be completed by Community Action Staff*

Income Guidelines for family of \_\_\_\_\_  
WIA Guideline
TANF Guideline

Total Applicable Household income \_\_\_\_\_ Youth is eligible for \_\_\_\_\_ WIA  
\_\_\_\_\_ TANF

Documentation Complete \_\_\_\_\_  
 Documentation still needed (specify):

My signature below certifies that all information provided on all parts of this application is true and correct to the best of my knowledge. I understand this information is used to determine eligibility and I 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 understand I will be terminated. If I am terminated as a result of falsifying information on the application, I understand I may also be prosecuted for fraud. My signature serves as giving my permission to verify any and all information contained in my application.

\_\_\_\_\_  
Applicant Signature Date

\_\_\_\_\_  
Parent/Guardian Signature Date

\_\_\_\_\_  
Community Action Staff Signature Date