



# Summer Jobs and Careers Program

*Funded by the American Recovery and Reinvestment Act*

## Youth Application for Services



Last Name		First Name		M.I.	
Mailing Address (Street or P.O.#)			City	State	ZIP
Home Phone		Business Phone		Cell Phone	
				Message Phone	
Follow-Up Contact Person				Follow-Up Contact Phone	
<input type="checkbox"/> Citizen <input type="checkbox"/> Eligible Non-Citizen <input type="checkbox"/> Male <input type="checkbox"/> Female  Birth Date ____/____/____  Age: _____		Ethnic Group( <i>check all that apply</i> ) <input type="checkbox"/> American Indian/ <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hawaiian Native/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Hispanic / Latino		Veteran Status <input type="checkbox"/> Veteran <input type="checkbox"/> Campaign Veteran <input type="checkbox"/> Recently Separated  Disability <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Service connected ( <i>For youth with disability, complete attached disability cert. form</i> ) Currently in school? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of school: _____ Last grade completed: _____ Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Selective Service    \_\_\_\_ Registered    \_\_\_\_ Not Registered    \_\_\_\_ Not Applicable

Applicant's Social Security Number    -    -    -  
**PLEASE READ THE STATEMENT ON THE BACK OF THIS FORM, WHICH DESCRIBES HOW YOUR NUMBER WILL BE USED.**

Please indicate if any of these situations apply to you:			Please check any of the items below that apply to you or a member of your family:			
<input type="checkbox"/> Involved w/ Juvenile Justice/Adult Corrections <input type="checkbox"/> In treatment program <input type="checkbox"/> Need help with transportation <input type="checkbox"/> Anger management <input type="checkbox"/> Not with family <input type="checkbox"/> Young parent <input type="checkbox"/> Lack of child/dependent care <input type="checkbox"/> Lack training and/or education		<input type="checkbox"/> Health/mental health concerns <input type="checkbox"/> Lack valid OR driver's license <input type="checkbox"/> In diversion program <input type="checkbox"/> Need H.S. diploma/GED <input type="checkbox"/> Dropped out of school <input type="checkbox"/> Legal Issues <input type="checkbox"/> Need to improve/upgrade basic/work skills		<input type="checkbox"/> Financial difficulties <input type="checkbox"/> Runaway <input type="checkbox"/> Single parent <input type="checkbox"/> Personal/family issues <input type="checkbox"/> Laid off from work <input type="checkbox"/> Housing concerns <input type="checkbox"/> No permanent address/ Homeless <input type="checkbox"/> Other concerns: _____ _____		<input type="checkbox"/> SSI <input type="checkbox"/> SSD <input type="checkbox"/> SSB <input type="checkbox"/> Unemployment <input type="checkbox"/> TANF \$_____/mo <input type="checkbox"/> Food Stamps \$_____/mo _____ Current    _____ Past 6 mo. <input type="checkbox"/> SS Retirement Income <input type="checkbox"/> Oregon Health Plan <input type="checkbox"/> Foster Care <input type="checkbox"/> Homeless  Case manager name/phone: _____ _____

**HOUSEHOLD INCOME:** List ALL family members currently living in your household for the last 30 days, including yourself. For each person, list all types of income and amounts for the last six months. For example, if your application date is June 7, list all income received by yourself and other family members between the date of December 7 and June 6. For self-employed individuals, the net business income should be listed. For all others, list the gross income earned before deductions. If you have more than one source of income, list each source and specific income amount on separate lines.

Name	Age	Relationship	Income Source	Income for last 6 mo.

If no income or means of support in the family during the last 6 months, state how family has been supported:

I understand the information I have given, as well as any required documentation, may be reviewed and verified. I certify that the information given on this application is true. I understand that services will cease if I am found to be ineligible and I can be prosecuted for deliberately providing false information. I grant permission for Lane Workforce Partnership staff to contact appropriate education personnel and agency sources and obtain information used to verify my eligibility for services. In addition, I grant permission for agencies and educational institutions to release test scores, assessment information and other information needed by the Lane Workforce Partnership, its partnering agencies or contractors for improved program services.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_ Signature of Parent/Guardian (Youth under 18 only) \_\_\_\_\_ Date \_\_\_\_\_

*The Lane Workforce Partnership is an Equal Opportunity/Affirmative Action Employer.  
 Auxiliary aids and services are available upon request to individuals with disabilities (TDD/TTY 682-7208)*

## SOCIAL SECURITY DISCLOSURE STATEMENT

### Required for Use in Collecting Social Security Numbers for WIA Title I Purpose

State and federal law protects the privacy of your records. The Workforce Investment Act (WIA) is a federal law that creates a One-Stop system for training and employment services. By combining employment and training services at one site, you receive better service.

State rules (OAR 151-020-0065) authorizes the Lane Workforce Partnership, a WIA Title I Provider, to request that you voluntarily provide your Social Security number (SSN) to be used for the following purposes:

1. As an identification number for maintaining records, and
2. As an identification number for gathering information to be used for program evaluation and planning, as required under state and federal law.

The Social Security number you provide could be shared and used by the Employment Department and other organizations authorized to use such information for the purposes stated above as allowed by the following federal and state laws:

1. WIA Sections 136, 185 and 188 (29 USC 2871, 2935 and 2938) and
2. ORS 285A.455 and 285A.461

When you allow Lane Workforce Partnership at The Workforce Network to use your Social Security number, other documents we have with your SSN on them may be used for the same purposes as stated above.

Failure to provide your Social Security number will not be used as a basis to deny you any service provided under Title IB of the Workforce Investment Act. Other programs may request or require you to give your Social Security numbers as a condition of obtaining services. They will separately advise you of this if you apply for their program.

**Applicant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*The Lane Workforce Partnership is an Equal Opportunity/Affirmative Action Employer.  
Auxiliary aids and services are available upon request to individuals with disabilities (TDD/TTY 682-7208)*

## Supplemental Information

*List all employment, including unpaid volunteer work, in chronological order with your most recent job first.*

Employer:	Job Title:
Address: _____ City: _____	Job Duties:
State: _____ Zip: _____ Phone:( _____ )	
Supervisor:	
Salary / Wage \$ _____ per hr per wk per mo Date Began _____ Date Left _____ Total Months _____ Ave. Hrs/Wk _____ Occupational License held: _____	Reason for Leaving ( <i>circle one</i> ):    Quit            Discharged  Labor Dispute            Lack of Work            Still Employed
Employer:	Job Title:
Address: _____ City: _____	Job Duties:
State: _____ Zip: _____ Phone:( _____ )	
Supervisor:	
Salary / Wage \$ _____ per hr per wk per mo Date Began _____ Date Left _____ Total Months _____ Ave. Hrs/Wk _____ Occupational License held: _____	Reason for Leaving ( <i>circle one</i> ):    Quit            Discharged  Labor Dispute            Lack of Work            Still Employed
Employer:	Job Title:
Address: _____ City: _____	Job Duties:
State: _____ Zip: _____ Phone:( _____ )	
Supervisor:	
Salary / Wage \$ _____ per hr per wk per mo Date Began _____ Date Left _____ Total Months _____ Ave. Hrs/Wk _____ Occupational License held: _____	Reason for Leaving ( <i>circle one</i> ):    Quit            Discharged  Labor Dispute            Lack of Work            Still Employed
Employer:	Job Title:
Address: _____ City: _____	Job Duties:
State: _____ Zip: _____ Phone:( _____ )	
Supervisor:	
Salary / Wage \$ _____ per hr per wk per mo Date Began _____ Date Left _____ Total Months _____ Ave. Hrs/Wk _____ Occupational License held: _____	Reason for Leaving ( <i>circle one</i> ):    Quit            Discharged  Labor Dispute            Lack of Work            Still Employed
Employer:	Job Duties:
Address: _____ City: _____	
State: _____ Zip: _____ Phone:( _____ )	
Supervisor:	
Job Title:	
Salary / Wage \$ _____ per hr per wk per mo Date Began _____ Date Left _____ Total Months _____ Ave. Hrs/Wk _____ Occupational License held: _____	Reason for Leaving ( <i>circle one</i> ):    Quit            Discharged  Labor Dispute            Lack of Work            Still Employed