

Workforce Investment Youth Program Application - 2012
Niagara County Employment & Training
Trott Access Center, 1001 Eleventh Street, Niagara Falls, New York 14301

Personal Information:

Name _____ Social Security # _____ DOB _____
Address _____ Age _____
Street City State Zip Code
Phone Number _____ Message Number _____ Gender: Male _____ Female _____

U.S Citizen: Yes No, but eligible to work in the United States:

Reg. # _____ Expiration Date: _____
If you are a male 18 years of age or older did you register for Selective Service? Yes No

Have you ever been convicted of any crime (Felony or Misdemeanor)? Yes No

Educational Status:

Are you attending school now? Yes No

If Yes, Name of School _____ Grade _____

If No, Highest Grade Completed _____ Do you have a HS Diploma or GED? Yes No Year _____

Certificates/Licenses: _____

Computer Skills: _____

Employment Record:

Are you employed now? Yes No If you have ever been employed please list the job below:

Business Name _____ Dates Worked _____ to _____

Address _____
Street City State Zip Code

Job Title _____

Job Duties (Include Tools & Machines Used) _____

Reason for Leaving _____

Still willing to accept employment in this field? Yes No If no, why not? _____

Business Name _____ Dates Worked _____ to _____

Address _____
Street City State Zip Code

Job Title _____

Job Duties (Include Tools & Machines Used) _____

Reason for Leaving _____

Still willing to accept employment in this field? Yes No If no, why not? _____

Please write a few sentences about why you are applying and how you think this program can help you.

Previous Participation in Youth Employment Programs

Summer Youth Employment Program (Year-round) Work Experience Program

Household & Income Information:

Does **ANY MEMBER** of your household, including yourself, receive any of the following?

Programs	Circle Yes or No		Please List Names
Welfare (TANF or Safety Net)	YES	NO	
Food Stamps or Medicaid	YES	NO	
SSI (Supplemental Security Income)	YES	NO	

List full names of **all** people living in your household and their relationship (if any) to you. Please check each of the following forms of income that apply to anyone in your household **AND** give the gross income received from **each** for the **entire last six months**: Be as accurate as possible.

All information is subject to verification by Employment & Training.

- Wages
 Social Security Benefits
 Veteran's Pension
 Veteran's Disability
 Unemployment Insurance
 Union Sub Pay
 Worker's Compensation
 Child Support
 Alimony
 Net Rents
 Net Self Employment
 Other _____

Name	Age	Relationship	Income Source	6 Months Gross Wages

Niagara County Employment & Training is committed to providing service to individuals in accordance with Affirmative Action, Equal Employment Opportunity, and Americans with Disabilities Regulations. It is our intent and assurance that no person shall be discriminated against on the grounds of race, color, religion, sex, national origin, age, disability, political affiliation or belief.

The following **voluntary** information is being requested for statistical purposes, to determine eligibility and any special needs.

Please check all that apply:

History of Drug/Alcohol Abuse Yes No
Any Special Needs or Required Accommodations? Yes No If Yes, Please Explain _____
 Disability: Physical Learning Other _____
 Pregnant or Parenting Teen
 Foster Child
 Homeless or Runaway
Veteran Yes No Disabled Veteran
 White/Non Hispanic
 Black/Non Hispanic
 Hispanic
 American Indian/Alaskan Native
 Asian/Pacific Islander
 Other _____

Applicant:

I give permission for the **Niagara County Employment & Training Youth Employment Program** to contact my school to obtain additional information including: report card, graduation information, IEP, etc. I give the Niagara County Employment & Training Department permission to verify my Selective Service Registration. I also give the Niagara County Employment & Training Department permission to verify my case number, cash and food stamp amounts, opening date, address, and/or date of birth, through contact with Niagara County Department of Social Services. My signature below indicates that the information I have provided is true and correct to the best of my knowledge.

Applicant Signature

Date

Parent/Guardian:

I give permission for my child to participate in the **Niagara County Employment & Training Youth Employment Program**, and for the program to contact my child's school to obtain additional information including: report card, graduation information, IEP, etc. and/or to conduct a background check, if necessary. I also give the Niagara County Employment & Training Department permission to verify my and/or child's case number, cash and food stamp amounts, opening date, address, and/or date of birth, through contact with Niagara County Department of Social Services. All information is kept confidential. My signature below indicates that the information I have provided is true and correct to the best of my knowledge.

Parent/Guardian Signature

Date

COMPLETION OF THIS FORM DOES NOT INDICATE ACCEPTANCE INTO PROGRAM

Equal Opportunity Employer/Program, Auxiliary aids and services available