

# PARTICIPANT Pre-APPLICATION FORM



*Participate in the  
2010 Summer Works  
Experience!*

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Thank you for your interest in the 2010 Summer Works Program! We look forward to a rewarding summer of training, education and paid work experience. Positions are limited. The information provided below will assist in the selection process for eligible participants.

Please take time to fill out this application completely, accurately and neatly. All statements made on the application are subject to verification.

## *Personal Information*

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Age: \_\_\_\_\_ (You must be between ages 16-17) Gender (Check One):  Male  Female

Please indicate your Ethnic Group (Check One):  Hispanic  American Indian or Alaskan Native  Asian  African American

Hawaiian or Pacific Islander  White  Other \_\_\_\_\_  Prefer not to answer

## *Contacts*

Please list two family members, friends or neighbors we could contact to get in touch with you (not living with you).

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Phone: \_\_\_\_\_

## Characteristics

Please answer the following questions (Check YES or NO):

- Are you currently participating in a youth program? .....  YES  NO
- Are you a U.S. Citizen? .....  YES  NO
- Are you a Veteran? .....  YES  NO
- Are you the spouse of a Veteran?.....  YES  NO
- Are you registered for Selective Service? (Any male over 18) .....  YES  NO
- Do you have any diagnosed disabilities?.....  YES  NO
- Do you have a High School diploma or GED? .....  YES  NO  
(If no, please write in highest grade completed)
- Are you enrolled in college classes? .....  YES  NO
- Have you ever been employed before? .....  YES  NO
- Are you currently homeless? .....  YES  NO
- Are you pregnant or a parent?.....  YES  NO
- Do you have any misdemeanors? .....  YES  NO
- Do you have any felonies?.....  YES  NO
- Do you have any drug/alcohol dependencies?.....  YES  NO
- Are you a foster child or a ward of the state?.....  YES  NO
- Are you receiving a medical card?.....  YES  NO
- Are you or someone in your household receiving food stamps?.....  YES  NO
- Are you or someone in your household receiving TANF?.....  YES  NO
- Are you receiving SSI (Supplemental Security Income)? .....  YES  NO
- Is your total family income for the past six months under guidelines (See chart below)?.....  YES  NO

Note: Unemployment insurance benefits should NOT be included as household income.

Family Size	Income for Past 6 Months
1	\$ 5,200.00
2	\$ 7,000.00
3	\$ 9,400.00
4	\$11,654.50
5	\$13,752.00
6	\$16,086.00

## Family Information

Full name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_  Check here if they have income  
Full name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_  Check here if they have income  
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Full name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_  Check here if they have income  
Full name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_  Check here if they have income

## Availability

I HAVE transportation to and from a worksite:  YES  NO

I AM available to work during the period indicated below:

**Start date:** (Month/Day) \_\_\_\_\_ **End date:** (Month/Day) \_\_\_\_\_

***I am NOT available for work on the following days and times:***

**Days:** \_\_\_\_\_

**Times:** \_\_\_\_\_

## Areas of Interest

To assist in matching you with placement opportunities at participating worksites, please select from the list of job categories below for which you have an interest. *(Check all that apply.)*

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> Maintenance                                 | <input type="checkbox"/> Beautification Projects       | <input type="checkbox"/> Clerical/Office Positions | <input type="checkbox"/> Child Care/Day Care  |
| <input type="checkbox"/> Library                                     | <input type="checkbox"/> Healthcare/Health Aide        | <input type="checkbox"/> Senior Citizen Aide       | <input type="checkbox"/> Parks and Recreation |
| <input type="checkbox"/> Restaurant                                  | <input type="checkbox"/> Technology                    | <input type="checkbox"/> Education                 | <input type="checkbox"/> Agriculture          |
| <input type="checkbox"/> Transportation, Distribution, and Logistics | <input type="checkbox"/> Other (please specify): _____ |  |   |

## Sign Here ▼

I certify that my answers are true and complete to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
*(If under 18)*

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## For Office Use Only

Assigned Application Number: \_\_\_\_\_

Date of Data Entry: \_\_\_\_\_ Date of Review: \_\_\_\_\_

Priority Number: \_\_\_\_\_ Initials: \_\_\_\_\_