



**STUDENT APPLICATION
Summer Work-Based Learning Experience 2012**

MINIMUM ELIGIBILITY REQUIREMENTS

- 1) MUST BE A NEW HAVEN RESIDENT AND/OR ATTEND A NEW HAVEN PUBLIC HIGH SCHOOL OR A FULL TIME COLLEGE STUDENT**
- 2) MUST BE BETWEEN THE AGES OF 14-21**
- 3) IN 9TH GRADE OR HIGHER**

DEADLINE: APRIL 5, 2012

****Please provide copies of requested information with application***

*****Males 18 or older must be registered with Selective Service***

WORKSITE: _____

EZ: _____

ID #: _____

FIRST NAME: _____

Office use only:
LAST NAME: _____

Dear Students, Parents and Legal Guardians:

Please read the **ENTIRE** application carefully before submitting. The 2012 Youth@Work Summer program is intended to provide early work experiences for young people ages 14-21 that may not otherwise have this opportunity. There are limited opportunities available, therefore please make note: completing this application *does not* guarantee a work experience through the program.

Please print clearly in ink. Answer each question carefully and do not leave any blank spaces as incomplete applications will not be accepted.

The following information is required to come back with this application:

- 1) Copy of Birth Certificate or State of Connecticut Identification
- 2) Copy of Social Security Card
- 3) Documentation of all income in your household (anyone that lives with you in the household)
 - A. **Public Assistance** ~ a budget sheet or letter verifying benefits received from the Department of Social Services
 - B. **Unemployment Compensation**~ a copy of your Unemployment Compensation Benefits grant letter or a copy of your unemployment check
 - C. **Social Security** ~ a copy of your SSD or SSI grant letter or monthly check
 - D. **Employment**~ copy of the last four (4) paystubs for you or any family member employed within the last six (6) months.
- 4) Completed State of Connecticut W4 form
- 5) Completed Federal W4 form
- 6) Attach a letter of recommendation
- 7) Proof of Residency – a piece of mail in applicant's name with the same address stated on application
- 8) Copy of high school report card or copy of current college schedule and/or transcript
- 9) SASID – (*state assigned student ID*) – 10 digit number obtained from school guidance department
- 10) Essay – (optional) In 600 words or less please answer the following question: **Why did you apply to Youth@Work and how do you think this experience will affect your future?**

SUMMER 2012 STUDENT APPLICATION

Work Based Learning Experience Employment Application



APPLICANT INFORMATION										
Last Name				First				M.I.		
Street Address							Apartment/Unit #			
City				State				ZIP		
Phone	()			Cell Phone	()					
Social Security No.				Date of Birth				Age		
Gender (optional)				Race/Ethnicity (optional)						
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Have you registered for selective services? (if you are male 18 or older)	YES <input type="checkbox"/>	NO <input type="checkbox"/>					
Have you ever worked for Youth@Work?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?							
Do you receive any of the following?	Free or reduced Lunch YES <input type="checkbox"/> NO <input type="checkbox"/>			TANF YES <input type="checkbox"/> NO <input type="checkbox"/>			SNAP (formerly Food Stamps) YES <input type="checkbox"/> NO <input type="checkbox"/>			
Are you a Foster Child or Ward of State?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Does your Foster Parent receive benefits for you?	YES <input type="checkbox"/>	NO <input type="checkbox"/>					
Do you require any special assistance or accommodations in order to perform job duties	YES <input type="checkbox"/>	NO <input type="checkbox"/>								
EDUCATION										
High School				SASID NO.				Grade		
College				Semester				Major		
Have you Identified a career you would like to pursue?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Please specify							
EMERGENCY CONTACTS										
<i>Please list two persons we may contact in case of emergency</i>										
Full Name				Relationship						
Address				Phone	()					
Cell	()			Work	()					
Full Name				Relationship						
Address				Phone	()					
Cell	()			Work	()					
PREVIOUS EMPLOYMENT										
Company				Job Title						
Rate of Pay			Start Date			End Date				
Responsibilities										
Company				Job Title						
Rate of Pay			Start Date			End Date				
Responsibilities										

HOUSEHOLD COMPOSITION (PLEASE LIST EVERYONE LIVING IN YOUR HOUSEHOLD)					
NAME	RELATIONSHIP	AGE	TYPE OF INCOME WAGES; SSI; UNEMPLOYMENT; CHILD SUPPORT; PENSION; TANF; FOOD STAMPS; ALIMONY; SOCIAL SECURITY; ETC.		
			TYPE	AMOUNT	FREQUENCY OF RECEIPT (WEEKLY; BI-WEEKLY; MONTHLY)
1)	APPLICANT				
2)					
3)					
4)					
5)					
6)					
7)					
8)					
9)					
10)					
BARRIERS TO EMPLOYMENT (CHECK ALL THAT APPLY)					
<input type="checkbox"/> Offender		<input type="checkbox"/> Homeless		<input type="checkbox"/> Single Parent	
<input type="checkbox"/> Runaway Youth		<input type="checkbox"/> Limited English		<input type="checkbox"/> Pregnant or Teenage Parent	
<input type="checkbox"/> Youth who needs additional help		<input type="checkbox"/> Other <i>If other please explain:</i>			

Registrant Attestation and Release

I certify that the statements made by me on this application are voluntary, true and correct to the best of my knowledge and belief, and are made in good faith. I understand that the information I have provided is subject to review and verification. If I knowingly make any misstatement(s) of fact(s), I am subject to disqualification or dismissal and to such other penalties as may be prescribed by law, Youth@Work or WIA regulations. I understand and authorize the release of the information to the Youth@ Work Program, City of New Haven, the authorized WIA entity and partner agencies for regulatory and internal processes associated with determining employment eligibility and payroll procedures.

Code of Conduct Statement

If selected to the program, I understand and agree to adhere to the rules of the program and conduct myself responsibly and respectfully at all times. While at my worksite, I agree to: **1.)** Report to work on time; **2.)** Refrain from the use of profanity or foul language; **3.)** Refrain from any aggressive or violent behavior, threats of violence, weapon possession or sexual harassment; **4.)** Wear appropriate clothing (*i.e., no excessive jewelry, revealing clothing, do-rags/ bandanas and/or any other clothing deemed unacceptable by my worksite supervisor*); **5.)** Refrain from the use, purchase or possession of any drugs or alcohol; **6.)** Refrain from theft or possession of any stolen property; **7.)** Refrain from any discriminatory behavior towards another individual based on race/ethnicity, economics, disability, religion or sexual preference.

Civil Rights Law

This information is requested solely for the purpose of determining compliance with Federal civil rights law and your response will not affect consideration of your Registration. By providing this information, you will assist in assuring that this program is administered in a non-discriminatory manner. The WIA program or activity is an equal opportunity employer/program and auxiliary aids and services are available upon request.

_____ Applicant Signature	_____ Date	_____ Parent/Guardian Signature (Signature needed if applicant under the age of 18)	_____ Date
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