



# Youth Eligibility Application

An Equal Opportunity Employer/Program

**All Applicants must provide the following information:**

**Complete Application in Ink**

<b>Last Name</b>		<b>First Name</b>		<b>Middle Initial</b>
<b>Other Last Name</b>		<b>Social Security Number</b>		<input type="checkbox"/> <b>Male</b> <input type="checkbox"/> <b>Female</b>
<b>Cultural Option</b> <input type="checkbox"/> Hispanic/Latino	<b>Ethnicity</b> <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian/Pacific Islander			<b>Date of Birth (month/day/year)</b> ____/____/____
<b>Phone Number</b> Home ( )   Message ( )   E-mail address:				
<b>Home Address</b> Street   City, State   Zip Code				
<b>Mailing Address, if different</b> Street   City, State   Zip Code				
<b>Citizenship Status</b> <input type="checkbox"/> United States Citizen <input type="checkbox"/> Non-citizen, legal to work <input type="checkbox"/> Other	<b>Employment Status</b> <input type="checkbox"/> Employed <input type="checkbox"/> Not employed  <b>Unemployment Insurance Benefits</b> <input type="checkbox"/> Receiving Benefits <input type="checkbox"/> Exhausted Benefits <input type="checkbox"/> Not Receiving Benefits		<b>Military Status</b> <input type="checkbox"/> Non-veteran <input type="checkbox"/> Veteran...More than 180 days? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Veterans check all that apply:</i> <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Campaign Veteran <input type="checkbox"/> Recently Separated from Military	<b>How did you hear about this program?</b> <input type="checkbox"/> Friend/Relative <input type="checkbox"/> School Counselor <input type="checkbox"/> Work Source <input type="checkbox"/> Television <input type="checkbox"/> Website <input type="checkbox"/> Newspaper _____ <input type="checkbox"/> Other _____
<b>Do you have a High School Diploma?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No... <i>If no</i> , what is the highest grade level you have completed? _____ <b>If you don't have a High School Diploma, do you have a GED?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Are you currently a student attending junior high, high school, alternative education, or college?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Name of School Attending:</b> _____				
<b>If you are a male 18 years or older, have you registered with Selective Service?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Please check all of the following that apply to you:</b> <input type="checkbox"/> Basic Skills Deficient (reading, writing or math skills below 9 <sup>th</sup> grade level) <input type="checkbox"/> Disability (includes learning disabilities) <input type="checkbox"/> Involved with Juvenile Justice <input type="checkbox"/> Foster Child <input type="checkbox"/> Pregnant or Parenting Youth <input type="checkbox"/> Homeless <input type="checkbox"/> Limited English <input type="checkbox"/> School Drop-out <input type="checkbox"/> Runaway <input type="checkbox"/> Drug/Alcohol Treatment <input type="checkbox"/> Other (please specify) _____ <input type="checkbox"/> Truant				
<b>How many people in your family are living with you, including you?</b> (Parents, Brothers, & Sisters)	<b>What is your combined household income for the last 6 months?</b> (Parents, Brothers, & Sisters) \$ _____		<b>Is anyone in your family receiving any of the following Public Assistance services?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <i>If yes, please check the ones that are being provided.</i>	
<b>List Family Members living with you.</b> (Mom, Dad, Brother, Sister)		<input type="checkbox"/> Food Stamps (within the past 6 months) <input type="checkbox"/> Temporary Assistance to Needy Families (TANF) Grant <input type="checkbox"/> GA Grant, RA Grant, or Supplemental Security Income (SSI) <input type="checkbox"/> Public Housing assistance		
<b>List the type of income and the amount of income you, and your family members who live with you, have earned in the last 6 months:</b>				
<b>Name</b>	<b>Relationship</b>	<b>Type of Income (i.e., wages from a job, unemployment, food stamps, public assistance, child support, alimony)</b>	<b>Amount before taxes</b>	

**Have you worked in the last 6 months?**  Yes  No *If yes, please list all jobs you have had in the last 6 months (list your current or most recent employer first). Use additional paper, if necessary.*

Employer's Name: \_\_\_\_\_ Job Title: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Duties: \_\_\_\_\_  
 Start Date (mo./year): \_\_\_\_\_ End Date (mo./year): \_\_\_\_\_ Hourly Wage: \_\_\_\_\_ Hours per week: \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_

**Please list the name of family members who worked in the last 6 months and/or are working now and provide employer information below:**

Family Member's Name: \_\_\_\_\_  
 Employer's Name: \_\_\_\_\_ Job Title: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Duties: \_\_\_\_\_  
 Start Date (Mo./Year): \_\_\_\_\_ End Date (Mo./Year): \_\_\_\_\_ Hourly Wage: \_\_\_\_\_ Hours per week: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_

Family Member's Name: \_\_\_\_\_  
 Employer's Name: \_\_\_\_\_ Job Title: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Duties: \_\_\_\_\_  
 Start Date (Mo./Year): \_\_\_\_\_ End Date (Mo./Year): \_\_\_\_\_ Hourly Wage: \_\_\_\_\_ Hours per week: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_

**We may need to contact you in the future for your opinion on the services provided to you and any suggestions you may have for improvement. Please list two people who will know how to reach you in the event the telephone numbers we have for you become outdated. Please list one person who is related to you and one who is not.**

Person Related to You: (Grandma, Aunt, Cousin, etc.)	Person Not Related to You: (Friend, Neighbor, Counselor, etc.)
Name: _____	Name: _____
Telephone Number: _____	Telephone Number: _____
Relationship: _____	Relationship: _____

I certify this information to be true to the best of my knowledge. I know this information will be reviewed and verified and I agree to supply documents to support this application. I am aware that if I am found ineligible after enrollment I will not be allowed to continue in the program and may be held responsible for reimbursing ESD 112 for the cost of services I receive. I authorize the ESD 112 to share this information as necessary in order to determine my eligibility for the program and to assist me in gaining employment. I authorize the exchange of information and records, including special education IEP, Free Lunch recipient, and Chapter 1 eligibility with local school districts. By signing below, I acknowledge that by applying for services, I am giving permission for the ESD 112 to use my Social Security Number and related records in accordance with its policies. I also acknowledge that I have received and understand the Equal Opportunity statement and complaint procedures as included in the attached "Applicant Rights and Responsibilities Information Sheet".

**PUBLICITY RELEASE**

I DO \_\_\_\_ DO NOT \_\_\_\_ give permission for my (or my child's in the case of a minor) photo(s) or video footage and name to appear in publicity designed for the purpose of informing federal, state, and local administrative agencies and the community about ESD 112 Youth Services activities and programs.

X  
**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

X  
**Parent or Guardian Signature** (if applicant is under age 18) \_\_\_\_\_ **Date** \_\_\_\_\_

**Can you help us out? Please provide us with the names and phone numbers of three of your friends who might be interested in our program.**

Name \_\_\_\_\_ Phone No. \_\_\_\_\_  
 Name \_\_\_\_\_ Phone No. \_\_\_\_\_  
 Name \_\_\_\_\_ Phone No. \_\_\_\_\_



An Equal Opportunity Employer/Program

# Youth Eligibility Application

## APPLICANT RIGHTS AND RESPONSIBILITIES INFORMATION SHEET

The ESD 112 Youth Workforce Program provides programs and activities for eligible Clark, Cowlitz, and Wahkiakum County youth, ages 16– 21 years old, to aid them in securing employment or to provide job skills training, which will enable them to become employable. The programs & activities are funded by the State of Washington and the U.S. Department of Labor and are subject to both State and Federal rules and regulations. The following information is being provided to give you an understanding of the rights, rules, and responsibilities governing participation in the Youth Workforce Program & related activities. **Please read it carefully.**

### I. RESPONSIBILITIES OF THE PROGRAM OPERATOR AND STAFF

- A. To provide prompt and courteous responses to questions regarding the program and any changes that affect participation.
- B. To provide a full explanation of allowance payment or support-based payments or compensation in lieu of wages at established rates.
- C. To provide counseling and other supportive services necessary to assure that progress in the program and the selection of training is in the participant's best interest.
- D. To provide assistance in job development and placement to secure permanent unsubsidized employment.
- E. To ensure that no person, based on race, age, color, ethnic origin, sex, disability (Section 504 of the Rehabilitation Act of 1973), political affiliation or belief, shall be excluded from participation in, be denied the benefits of, or be subjected to discriminatory practices in regard to participation in the Youth Workforce Program.

### II. RESPONSIBILITIES OF THE PARTICIPANT

- A. To adhere to the policies, rules, and regulations of the Youth Workforce Program and the policies, rules, and regulations as explained during the orientation.
- B. To regularly attend work, training, and other scheduled program activities and to give prior notice in case of unavoidable absence.
- C. To notify program staff of problems related to employment and training.
- D. To seek out and participate in training programs which will enhance the participant's employability as outlined in the Individual Service Strategy.
- E. To be courteous and honest in dealing with program staff, training supervisors, and employers.
- F. To return any books and/or equipment purchased on the participant's behalf if the training course is not completed.
- G. To actively seek work leading to permanent unsubsidized employment.
- H. To consider any and all offers of permanent employment that are suitable in terms of the participant's education, work experience, and previous earning power, and that before the participant decides NOT to accept any offer of employment, the participant will discuss, in person, the offer with the assigned Specialist. Should the participant refuse to accept an offer of employment without consulting or against the advice of the Specialist, this action may constitute grounds for termination from the program.
- I. To certify that the participant meets the program eligibility requirements, the information provided in the application form will be verified to determine if it is true and correct. Should any of the information given regarding eligibility be incorrect, participant is responsible for repayment of all wages, benefits, and services that were received from the program and participant may be subject to termination. If information was given under fraudulent conditions, civil and criminal penalties may be applicable.



An Equal Opportunity Employer/Program

# Youth Eligibility Application

### III. TRAINING AND SUPPORTIVE SERVICES

Supportive services may be needed to enable individuals to participate in employment training activities, such as vocational education, on-the-job training, internships, work experience, and youth competencies. Supportive services are provided on an as-needed basis when no other resources are available and completion of an activity might be difficult or impossible without them.

### IV. EQUAL OPPORTUNITY IS THE LAW / NON-DISCRIMINATION STATEMENT

The Youth Workforce Program and its contractors are Equal Opportunity Programs and are committed to providing quality workforce services. The Youth Workforce Program and its contractors are prohibited from discriminating on the following basis:

- Against any individual in the United States on the basis of race, color, religion, sex, national origin, age, expunged juvenile record, family relationship, disability, political affiliation or belief.
- Against any beneficiary of programs financially assisted under Title 1 of the Workforce Investment Act of 1998 (WIA), on the basis of the beneficiary's citizenship/status as a lawfully admitted immigrant authorized to work in the United States, or his or her participation in any WIA Title 1-financially assisted program or activity.
- In deciding who will be admitted, or have access, to any WIA Title 1-financially assisted program or activity.
- In providing opportunities in, or treating any person with regard to, any WIA Title 1-financially assisted program or activity.
- In making employment decisions in the administration of, or in connection with, any WIA Title 1-financially assisted program or activity.

### V. BASIC GRIEVANCE AND COMPLAINT PROCEDURES

If you think that you have been subjected to discrimination by the Youth Workforce Program or its contractors, have a complaint about the training or employment services you receive while in any of WIA Youth Services programs or activities, or are aware of violations of federal, state, or local laws by the Youth Workforce Program or its contractors, you have a right to file a complaint. You may file a complaint within 180 days from the date of the alleged violation with:

Director, Civil Rights Center (CRC), U.S. Department of Labor, 200 Constitution Avenue N.W.,  
Room N-4123 Frances Perkins Building, Washington, D.C. 20210.

Should you file a complaint, the Youth Workforce Program will work to help you resolve the problem. You will not be penalized in any way for filing a complaint.