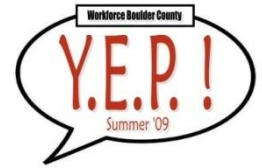


Workforce Boulder County Youth Program Application - 2009



Social Security Number:		Today's Date:	
Name:		Birth date:	Age:
Mailing Address:			
City, State, ZIP:			
Phone Number:		Parent(s) Name:	
Gender (M or F):	Ethnicity (circle):	White Black Hispanic American Indian Chicano American Alaskan Native Asian/Pacific Islander Other _____	

Please Check the Appropriate Answer

1. Citizen Status <input type="checkbox"/> 1 US Citizen <input type="checkbox"/> 2 Registered Alien <input type="checkbox"/> 3 Refugee <input type="checkbox"/> 4 Other Legal Alien <input type="checkbox"/> 5 Other	2. Education Status Highest grade completed _____ Currently enrolled Yes <input type="checkbox"/> No <input type="checkbox"/> Attending Full-Time Yes <input type="checkbox"/> No <input type="checkbox"/> In School wide Project Yes <input type="checkbox"/> No <input type="checkbox"/> In Alternative School Yes <input type="checkbox"/> No <input type="checkbox"/> High School drop-out Yes <input type="checkbox"/> No <input type="checkbox"/>	3. Family Status <input type="checkbox"/> 1 Single Parent <input type="checkbox"/> 2 Parent in 2 Parent Family <input type="checkbox"/> 3 Other family member (if you live w/your family) <input type="checkbox"/> 4 Not a family member	4. Number of your dependants (children) who are under 18.
5. For males 18 or over: Selective Service Registrant <input type="checkbox"/> No <input type="checkbox"/> Exempt <input type="checkbox"/> Yes—Registration # _____	6. Military Status Served on Active Duty in the US military Yes <input type="checkbox"/> No <input type="checkbox"/> Service related disability Yes <input type="checkbox"/> No <input type="checkbox"/>		
7. This past week have you been <input type="checkbox"/> 1 Employed <input type="checkbox"/> 2 Unemployed (looking for work) <input type="checkbox"/> 3 Not in Labor Force (not looking) <input type="checkbox"/> 4 Not in Labor Force for 26 weeks	8. Unemployment Insurance Status <input type="checkbox"/> 1 Eligible Claimant- applied <input type="checkbox"/> 2 Eligible Claimant - not applied <input type="checkbox"/> 3 Exhausted Benefits <input type="checkbox"/> 4 Not Applicable	9. How many weeks were you Unemployed and out looking for work during the past 26 weeks? _____ (6 months)? _____	
10. Most recent hourly wage during the past 26 weeks (6 months) \$ _____			
11a. Are you or is your family receiving any of the below forms of Assistance? a) TANF Yes <input type="checkbox"/> No <input type="checkbox"/> b) General Assistance Yes <input type="checkbox"/> No <input type="checkbox"/> c) Refugee Assistance Yes <input type="checkbox"/> No <input type="checkbox"/> d) SSI Yes <input type="checkbox"/> No <input type="checkbox"/> e) Food Stamps Eligible Yes <input type="checkbox"/> No <input type="checkbox"/>		11b. If so, are you named on the grant? a) TANF Yes <input type="checkbox"/> No <input type="checkbox"/> b) General Assistance Yes <input type="checkbox"/> No <input type="checkbox"/> c) Refugee Assistance Yes <input type="checkbox"/> No <input type="checkbox"/> d) SSI Yes <input type="checkbox"/> No <input type="checkbox"/> e) Food Stamps Eligible Yes <input type="checkbox"/> No <input type="checkbox"/>	

12. Your FULL FAMILY income for last 6 months: \$ _____.

13. Your (applicant) INDIVIDUAL income for last 6 months: \$ _____.

14. Number of Family Members _____. (only IMMEDIATE family members in the SAME HOUSEHOLD)

15. Are you a state supported foster child? Yes No

16. Check all the Barriers to Employment that may apply to you.

Pregnant/Parenting youth under 22 Substance Abuse Homeless

Lack significant work history Lack Basic Skills (Reading/Math) Runaway Youth

Limited English Language Proficiency High School Drop-out Other

17. Check appropriate response. (leave blank if unsure)

Individual with Disability Yes Not a problem for work No (IEP Yes No)

Work 1st Participant Yes No Not now, last 6 months

1 or more grade levels below appropriate age level of applicant Yes No

Ex -Offender or police record yes (Felony Misdemeanor) No

Are you "at risk" of dropping out of school? Yes No

Do you require assistance to complete your educational program or to secure and hold employment? Yes No

EMPLOYMENT HISTORY

List any information you can provide regarding previous employment or volunteer positions.

Start with your current or most recent job. Attach additional paper if necessary. You may substitute a resume if you have one.

Company Name #1:

Address:

City State Zip:

Phone Number: _____ Dates worked: _____ to _____

Job Title:

Duties: _____

Company Name #2:

Address:

City State Zip:

Phone Number: _____ Dates worked: _____ to _____

Job Title:

List any general skills (include office skills such as typing, computers, software applications, office machines):

List other Special Skills (such as foreign language, licenses held, public speaking, etc).

Schools Attended	Location (State)	Course or Field of Study	Training Degree or Certificate Type Date Received

<p>How will you get to work?</p> <p>_____ Have driver's license and vehicle.</p> <p>_____ Have person willing to drive me.</p> <p>_____ Need work w/in walking/biking distance.</p> <p>_____ Use the bus system.</p> <p>_____ Other - Describe _____</p> <p>_____</p>	<p>Please circle any of the following types of work in which you are interested:</p> <table style="width: 100%;"> <tr> <td>Restaurant worker</td> <td>Grounds keeping</td> <td rowspan="6">List Other Types Below: _____ _____ _____ _____ _____</td> </tr> <tr> <td>Fast food</td> <td>Landscaping</td> </tr> <tr> <td>Stocker</td> <td>Construction</td> </tr> <tr> <td>Cashier</td> <td>Computer Work</td> </tr> <tr> <td>Sales</td> <td>Office Work</td> </tr> <tr> <td>Cleaning</td> <td>Animal Care</td> </tr> <tr> <td>Childcare</td> <td>Environmental</td> <td></td> </tr> </table>	Restaurant worker	Grounds keeping	List Other Types Below: _____ _____ _____ _____ _____	Fast food	Landscaping	Stocker	Construction	Cashier	Computer Work	Sales	Office Work	Cleaning	Animal Care	Childcare	Environmental	
Restaurant worker	Grounds keeping	List Other Types Below: _____ _____ _____ _____ _____															
Fast food	Landscaping																
Stocker	Construction																
Cashier	Computer Work																
Sales	Office Work																
Cleaning	Animal Care																
Childcare	Environmental																

Date you can start working: _____	How many hours per week do you want to work? _____
-----------------------------------	--

Please fill in the times you plan to be available to work each day. (i.e. from 7:00am to 9:00pm Monday-Saturday)

Times	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From							
To							

Are you a member of or involved in any of the follow activities, clubs, or programs;

Voc-Tech/CDC
 Girls/Boys Scouts
 4H/Future Farmers
 After School Activities
 Job Corps
 School Government
 College Prep
 Life Skills Training
 Tutoring/Study skills
 Youth Corps
 Computer Literacy
 Teen Parent
 Community Service
 Mentoring
 Pre Employment Skills
 English as a Second Language
 Other _____
 Other _____

FOLLOW UP CONTACT INFORMATION—PLEASE LIST A RELATIVE OR FRIEND THAT DOES NOT LIVE WITH YOU.

Last Name:	First Name:	MI:	Telephone:
Mailing Address: _____			
Street	City	State	Zip

if your family size is	1	2	3	4	5	6	increment
And your family income over the last 26 weeks was less than or equal to	\$5,415	\$7,294	\$10,013	\$12,358	\$14,583	\$17,055	\$2,472

