



2022 Summer Youth Work Experience

Application

Session (1): 06/06/2022 – 07/01/2022

Session (2): 07/04/2022 – 07/29/2022

Name: _____ Gender: _____

Date of Birth: _____ Age: _____ Social Security: _____

Home Address: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____ Tribal ID:

Emergency Contact Information

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Phone: _____ Other: _____ Phone: _____ Other: _____

Work History (Start with the most recent)

Employer: _____ Title: _____ Wage: _____

From: _____ To: _____ Phone: _____ Fax: _____

Address: _____

Job Duties: _____

Reason for Leaving: _____

Employer: _____ Title: _____ Wage: _____

From: _____ To: _____ Phone: _____ Fax: _____

Address: _____

Job Duties: _____

Reason for Leaving: _____

Education Status

- Drop Out G.E.D Truant Student Student at Risk
- High School Graduate Post High School Attendee
- Highest Grade Completed: _____

Please list any Skills:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Please list any Hobbies:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Please list any Interests:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Please list any Clubs or Volunteer Work:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

What are you hoping to gain from this work experience?

I _____, give permission for WIOA/DOL staff to take photographs of my child during participation of the program.

I _____, forbid WIOA/DOL staff to take photographs of my child during participation of the program.

Note: The purpose of the photographs is to capture individual's success and participation at the workshops, orientation, on the work site, or while taking part with partner programs.

Applicants Signature

Date

Parent/ Guardian Signature

Date

Staff Signature

Date