



NY# _____ (Office Use Only)

FINGER LAKES WORKS

Youth Program Application

Required items are indicated with asterisk - Please print clearly

Date: _____

* 1. Last Name _____ * 2. First Name _____ 3. M.I. _____

* 4. Street Address _____

* 5. City _____ *6. State _____ *7. Zip Code _____

*8. County _____ 9. Country, if not US _____

*10. Date of Birth ____/____/____ 11. Gender: Male Female

*12. Phone _____ 13. Message Phone _____
(____) _____ - _____ (____) _____ - _____

14. E-Mail Address _____

*15. Are you a US Citizen? Yes No If not, are you authorized to work in the United States? Yes No

16. Race Alaskan/American Indian Asian (not Hispanic) Hawaiian/Pacific Islander
 White (not Hispanic) Black, or African American Other

17. Ethnicity: Hispanic or Latino Not Hispanic or Latino

Note: Question 17 and 18 above are voluntary. Information will be kept confidential and is intended for use solely in connection with record keeping and affirmative action requirements. You will not be penalized for refusal to answer

***18. Education**

Highest Grade completed: _____ Last Day Attended School: _____

Did you receive: ____ HS Diploma ____ HSE/GED ____ Certificate/IEP ____ CDOS Credential

College: Bachelor's Degree Associate Degree Vocational Degree Some College/Vocational Training

*19. Are you currently attending any educational facility? Yes No If yes, where _____

*20. Are you currently employed: Yes No

*21. How many weeks were you out of work in the last 26 weeks _____

***22. Are you or any member of your household receiving any public assistance?** Yes No
(such as Family Assistance/Safety Net, Medicaid, SNAP, HEAP, and SSI)

If you answered yes to question 26 please indicate what public assistance you are receiving _____

***23. Are you currently or have you previously been in Foster Care?** Yes No

***24. Are you a person with a disability?** Yes No Not disclosing

***25. Are you a Migrant/Seasonal Worker?** Yes No If Yes, check one of the following:

Migrant Farm Worker Migrant Food Processor Seasonal Farm Worker

***26. Is English your primary language?** Yes No If no, what is your primary language _____

***27. Have you ever been convicted of a crime or been involved in the criminal justice system?** Yes No

***28. Are you an individual that is pregnant or parenting?** Yes No

***29. Are you currently or have you previously received treatment or counseling for alcohol or substance abuse?**

Yes No

***30. Do you currently have a fixed, regular, and adequate nighttime residence?**

Yes No

***31. Check all the agencies/programs you are currently working with or in pending status with:**

ACCES-VR Probation/Pins HSE Classes Job Corps NYS Commission for the Blind HUD/Housing Authority
FLACRA/Substance Abuse Treatment Mental Health/Counseling Cash Assistance and/or SNAP Military Job Coach
Other(s): _____

I certify that the information on this application is true and has been provided without any intent to defraud. I acknowledge that I may have to provide documents to verify the information on this application. If I am found ineligible after enrollment, I will be subject to immediate termination. I authorize release of information in this application for verification purposes and understand that it will only be used to determine eligibility. I also certify that, if required, I have applied for registration under the military selective service act.

Males Only: I meet the requirements of Section 3 of Military Selective Act Yes No

I understand that if determined ineligible I have the right to appeal the determination.

Signature of Applicant: _____ **Date:** _____

Signature of Parent/Guardian if under 18: _____ **Date:** _____

