



Finger Lakes Works Youth Program Application

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Thank you for your interest in the Youth Career Readiness and Employment Program! Please complete this application and call the number below to schedule an interview. You may be asked to provide some or all of the documents listed below at the interview. You can also mail the application to the address below and we will call you to schedule an interview. Please make sure you provide a phone number that is able to take messages.

- _____ Birth Certificate
- _____ Social Security Card
- _____ Proof of address (such as driver's license or envelope with your name and address)
- _____ Photo ID
- _____ Original Work Permit if under 18 (**no copies please, must be original**)
- _____ Selective Service Registration Acknowledgment Letter (for males 18 or over)
- _____ Income Verification

<p>Provider Name Provider Address Attention: Youth Counselor Name Contact Phone number</p>
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NY# _____ (Office Use Only)

FINGER LAKES WORKS

Youth Program Application

Required items are indicated with asterisk * and **bold** type - Please print clearly **Date:** _____

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

*4. Social Security # _____ - _____ - _____

*5. Street Address _____

*6. City _____ *7. State _____ *8. Zip Code _____

*9. County _____ 10. Country, if not US _____

*11. Date of Birth ____ / ____ / ____ *12. Gender assigned at birth: Male Female

*13. Pronouns I prefer: He/Him/His She/Her/Hers They/Them *14. Phone (____) ____ - _____

*15. E-Mail Address _____ *Text: Yes No **Call:** Yes No

How often do you check your email?: _____

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

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

18. 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

***19. Education (Circle highest grade completed)**

Highest Grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 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

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

*21. Are you currently employed: Yes No If yes, where _____

Wage: \$/hour _____ # of Hours/week _____

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

***23. 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 23 please indicate what public assistance you are receiving _____

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

***25. Are you a person with a disability (including an IEP/504 plan while you were attending school)?**

Yes No Not disclosing

NOTE: Question 25 is voluntary. Information will be kept confidential and is intended for use solely in connection with record keeping and affirmative action requirements, and to determine program eligibility. You will not be penalized for refusal to answer.

26. Are you a Migrant/Seasonal Worker? Yes No

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

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

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

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

Yes No

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

Yes No

***32. Circle 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): _____

***33. Are you a veteran?** Yes No

Dates of Active Service ___/___/___ through ___/___/___

***34. Type of job desired** (Job title) _____

35. Which kinds of jobs are acceptable? Work Week: A. Any Full-time Part-time

Duration: B. Regular Regular or Temporary Temporary

36. Salary Required \$ _____ per Hour Day Week Month Year Unspecified Other

37. Date you are available for work ___/___/___

38. Which shifts are you willing to work? Any First Second Third Split Rotating

***39. How do you prefer to be contacted?** (Check as many as apply)

Mail Phone Message Phone E-Mail Text

***40. How many miles are you willing to travel for work?**

Within 5 10 25 50 100 200 miles of zip code _____

***41. Work History**

Complete all required items for each employer. Enter the most recent employment first.

A. ***Job Title** _____ ***Employer** _____

***Address** _____

***Wage** _____ per _____ **Hours per week** _____

***City** _____ ***State** _____ ***Country**, if not US _____

***Start Date** ___/___/___ ***End Date** ___/___/___ Supervisor _____ Phone # () _____ - _____

***Reason for Leaving** _____

***Job Duties:** _____

B. ***Job Title** _____ ***Employer** _____

***Address** _____

***Wage** _____ per _____ **Hours per week** _____

***City** _____ ***State** _____ ***Country**, if not US _____

***Start Date** ___/___/___ ***End Date** ___/___/___ Supervisor _____ Phone # () _____ - _____

***Reason for Leaving** _____

***Job Duties:** _____

C. ***Job Title** _____ ***Employer** _____

***Address** _____

***Wage** _____ per _____ **Hours per week** _____

***City** _____ ***State** _____ ***Country**, if not US _____

***Start Date** ___/___/___ ***End Date** ___/___/___ Supervisor _____ Phone # () _____ - _____

***Reason for Leaving** _____

***Job Duties:** _____

***42. Do you have a driver's license?** Yes No If no, do you have a learner's permit? Yes No

Issuing State _____ What type of license do you have? Class A (Tractor Trailer) Class B (Truck/Bus)
 Class C (Light Truck Com'l.) Class Cn (C-non-CDL)
 Class D (Operators) Class E (Taxi)
 Class M (Motorcycle)

***43. Do you own or have access to a vehicle?** Yes No

***44. Do you need public transportation to get to a job?** Yes No

***45. Do you have an occupational license or certification (ex: ServSafe, Forklift, CNA)?** Yes No
If you answered No, go directly to question 45.

***Certification/License:** _____ Issue Date: ___ / ___ / ___

***Issuing Organization or Locality:** _____ State _____ ***Country** _____

Additional License/Certification: _____ Issue Date: ___ / ___ / ___

Issuing Organization or Locality: _____ State _____ Country _____

***46. Do you have a degree, diploma or educational certificate?** Yes No *If you answered No, go directly to item 47.*

***Course of Study** _____ ***Degree** _____ Date Completed (month/year) ___ / ___

***Issuing Institution** _____ ***State** _____ ***Country** _____

Additional degree, diploma or educational certificate:

Course of Study _____ Degree _____ Completed (month/year) ___ / ___

Issuing Institution _____ State _____ Country _____

***47. Job Skills: List at least one.** Include skills and abilities that you used in your job(s) or that you acquired through school or training. For example, auto mechanic, carpentry, welding, typing, computer hardware/software, etc. Indicate any foreign languages in which you are fluent

48. List any honors you have received or outside activities you participate in: _____

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:** _____

Emergency Contacts

Those who we will contact if we cannot get a hold of you

Contact Name _____

Phone #s Home _____ Cell _____ Work _____

Address _____

Circle One: Parent Friend Relative Other

Contact Name _____

Phone #s Home _____ Cell _____ Work _____

Address _____

Circle One: Parent Friend Relative Other

Contact Name _____

Phone #s Home _____ Cell _____ Work _____

Address _____

Circle One: Parent Friend Relative Other

Finger Lakes Works WIOA Youth Program Basic Skills Assessment Form/Release of Information



Student Name: _____ Date of Birth: _____

Address: _____

County of Residence: _____ School District: _____

****To be completed by PARENT/GUARDIAN if under 18 YEARS OLD****

I, _____, authorize the school district noted above to provide the information that is being requested to the _____ County Office of Workforce Development.

Signature (Parent/Guardian if under 18)

Date

The above office is granted permission to receive the following items:

- Most recent Report Card
- Progress and Attendance Records
- CDOS/Employability Profile
- IEP Plans
- Psychological Evaluations
- High School Diploma/Transcript
- Training Facility Records such as Vocational Education Programs

****TO BE COMPLETED BY SCHOOL DISTRICT OFFICE ONLY****

1. What is the highest grade level completed? Grade _____

2. Based on standardized test scores, what was/is the youth's grade level in:

Reading _____ Math _____

3. Was/is the youth classified by the Committee for Special Education?

YES NO If yes, what was the classification: _____

4. Was/is the youth enrolled in a remediation program(s) during the last school year?

YES NO If yes, which program(s): _____

5. What is the last date attended: _____

6. Other comments: _____

COMPLETED BY:

Print Name: _____ Title _____

Signature: _____ Date: _____

OFFICE USE ONLY

Eligibility Determination:

Is the applicant eligible for enrollment in a WIOA Program? Yes No

If no, list reason _____

WFD Counselor Signature _____ DATE: _____

DEV Verification: By: _____ Intake Forms Complete _____
Title: _____ Eligible _____
Date: _____

Citizenship/Alien Status _____ Selective Service Status _____ Family Income _____
Birth Date/ Age _____ Social Security Number _____ Number in Family _____
Labor Force/UI _____ Address _____

WIOA Eligibility (check all that apply and circle Primary barrier):

- School Dropout Foster Care Offender
 Pregnant/Parenting Individual w/ disability Homeless/Runaway
-

- Low Income AND Diploma/HSE AND :
 Basic Skills Deficient OR English language Learner
 Low Income AND Needs Additional Assistance (local priority, below):
 Poor work history At Risk Substance Abuse Veteran
 Noncustodial Underemployed DV PINS/Other