

YOUNG ADULT PROGRAM APPLICATION
WIOA: Workforce Innovation and Opportunity Act
Orleans County Job Development

Office Use Only-
Rcvd

GENERAL INFORMATION: DATE: _____

Referred by _____

Social Security # _____ - _____ - _____ Gender: Male Female Date of Birth ____/____/____

Last Name _____ First Name _____ M.I. _____

Street Address _____

Mailing Address (PO Box) _____

City _____ State _____ Zip Code _____ County _____

Phone (____) _____ - _____ Atl. Phone (____) _____ - _____ Message Phone: (____) _____ - _____

Driver License
 Learner Permit E-mail Address: _____

Citizenship: US Citizen Registered Alien Refugee Other Legal Alien Other _____

Primary Language English Arabic Spanish Other _____

Race White Black or African American Hispanic or Latino
 Alaskan/American Indian Asian Hawaiian/Pacific Islander Other

Note: Ethnicity question is 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.

EDUCATION

<p>Out-of-School School district attended? _____</p> <p>Diploma Earned: <input type="checkbox"/> Regents <input type="checkbox"/> Local <input type="checkbox"/> HS Equivalency (GED) <input type="checkbox"/> CDOS Credential <input type="checkbox"/> SACC Credential <input type="checkbox"/> IEP <input type="checkbox"/> None</p> <p>Attended vocational school? <input type="checkbox"/> Yes <input type="checkbox"/> No _____</p> <p>Some College/currently in College? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>In-School Current school district? _____</p> <p>Current grade level ____</p> <p>What type of diploma do you expect when you graduate? <input type="checkbox"/> Regents <input type="checkbox"/> Local <input type="checkbox"/> CDOS <input type="checkbox"/> SACC <input type="checkbox"/> HS Equivalency (GED)</p> <p>Attend Vocational School? <input type="checkbox"/> Yes <input type="checkbox"/> No _____</p>
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BARRIERS: Please respond to all questions

Did you **Drop Out** of High School: Yes No What grade? ____ What year? ____

Are you **behind grade level(s)** at high school? Yes No

Do/Did you have any of the following: IEP Learning Disability Emotional Disability Developmental Disability Physical Disability
 AIS 504 Other Health Impaired

List **accommodations** provided: _____

Are you **pregnant**? Yes No Due date _____ Are you a **parent**? Yes No

Are you **homeless** or a **run away**? Yes No Are you in **foster care**? Yes No Did you age out of **foster care**? Yes No

Are you a **veteran**? Yes No Are you a spouse of a veteran? Yes No

Have you ever been an **offender** involved with the adult or Juvenile Justice System or Probation (including PINS) or convicted of any felony or misdemeanor? Yes No If yes, what is your conviction? _____

If yes, who is your probation officer? _____

Have you ever been fired from a job? Yes No How long have you been looking for work? _____

If under 18 years of age, do you have a **Work Permit**? Yes No **Obtain work permits at your local school whether you attend or not

Males - If over 18 years of age, are you registered for the Selective Service? Yes No Registration # _____

****If No, you MUST register for the Selective Service in order to participate in WIOA programs. Please register online at www.sss.gov/**

INCOME INFORMATION FOR ELIGIBILITY:

The information in this section is used to determine eligibility for all **in-school individuals or out-of-school individuals** with the following eligibility barriers: Basic skills deficient English language learner Need help to finish education program Get/keep a job.

Documentation of all income to be provided at the eligibility interview. Eligibility for DSS financial assistance programs is proof that you are eligible (cash assistance, SNAP, Free & Reduced Lunch)

A. Family and Earnings: List all people living in the household who are related to you, the applicant, by blood, marriage, or adoption. List their age, relationship to the applicant, and if they have earnings, enter gross amount (Income before taxes and deductions). PLEASE INCLUDE YOURSELF ON THE FIRST LINE

Name _____ Age__ Relationship SELF Earnings \$ _____ per wk

Name _____ Age__ Relationship _____ Earnings \$ _____ per wk

Name _____ Age__ Relationship _____ Earnings \$ _____ per wk

Name _____ Age__ Relationship _____ Earnings \$ _____ per wk

Name _____ Age__ Relationship _____ Earnings \$ _____ per wk

Name _____ Age__ Relationship _____ Earnings \$ _____ per wk

B. Other Income: Check all that apply and indicate the amount received monthly and who receives it.

Medicaid Yes No by whom _____

Cash Welfare Assistance Yes No by whom _____

SNAP Yes No by whom _____

HEAP Yes No by whom _____

Free & Reduced Lunch Yes No by whom _____

Social Security or Private Disability \$ _____ by whom _____

Social Security Retirement Benefits \$ _____ by whom _____

Alimony \$ _____ by whom _____

Rental Income \$ _____ by whom _____

Lifetime Workers Compensation \$ _____ by whom _____

Private Retirement Pensions \$ _____ by whom _____

Fixed Term Compensation \$ _____ by whom _____

Supplemental Security Income (SSI) \$ _____ by whom _____

VA Retirement Pension \$ _____ by whom _____

Death Benefits \$ _____ by whom _____

Child Support \$ _____ by whom _____

Unemployment Benefits \$ _____ by whom _____

Office Notes

Use this area for self-attestation from client or explanation of income information.

CERTIFICATION:

I/We certify that the information provided in this application packet is true to the best of my/our knowledge. I/We understand this information is used to determine eligibility and I/we may be required to document the accuracy of this information. This information is subject to external verification and may be released for such purposes. If found ineligible after enrollment, I/we understand the applicant will be terminated from the program. If I am terminated as a result of falsifying information on this application, I/we understand I/we may also be prosecuted for fraud. My/Our signature serves as giving my/our permission to verify any and all information contained in this application and attached forms in the application packet. I/We acknowledge that I may be asked to provide follow-up information to assist in evaluation of this program.

Applicant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

**Required if applicant is under the age of 18 and/or living at home

Eligibility Interviewer Signature _____ Date _____

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Initial Assessment

SKILLS and INTERESTS

- List your skills and abilities you have learned in a job, at home, as a chore, or as a hobby. List any and all computer and technology skills.

- List your volunteer and/or community service performed: _____
- What are you really good at? _____
- What do you do in your spare time?
 - Walk/jog Talk with friends Baby-sit Read
 - Make craft projects Play video games Play Sports Construct models, projects
 - Work on cars/bikes Cook/bake Participate in youth groups Other _____
- Which do you prefer?
 - Office Retail Assembly and Production Food Service
 - Outdoor Maintenance Recreation Program Day Care Center Center for Disabled Adults/Youth
 - Indoor Maintenance Nursing Home Hospitality Other _____
- Which would you prefer?
 - I prefer to work with people I prefer to work by myself I prefer to work indoors
 - I prefer to work with the elderly I prefer to work with a group I prefer to work outdoors
 - I prefer to work with children I prefer to work with individuals with disabilities Other _____

CAREER INTEREST:

Which of the following high demand jobs are you interested in learning more about?

Advanced Manufacturing: HVAC Welding Optics Machining Auto Mechanic

Health Care: Home Health Aide (HHA) Certified Nursing Aide (CNA) Licensed Practical Nurse (LPN) Registered Nurse (RN)

Other: Agriculture Truck Driving Starting your own business None

TRANSPORTATION: How will you get to a job or appointment? Bicycle Parents Own Car Public Transportation Walk

Do you have a driver's license? Yes No If No, do you have a Learner's Permit? Yes No # _____

WORK HISTORY: (See Attached Resume)

Job Title _____ Employer _____

Address _____ Wage \$ _____

City _____ State _____ Country, if not US _____

Start Date ____/____/____ End Date ____/____/____ Reason for leaving _____

Job Duties _____

Job Title _____ Employer _____

Address _____ Wage \$ _____

City _____ State _____ Country, if not US _____

Start Date ____/____/____ End Date ____/____/____ Reason for leaving _____

Job Duties _____

Please start to gather these documents now! The youth will need to bring these with them to the interview when they are scheduled.

Youth Employment Program Required Documents Checklist

In order to be considered for the Youth Employment Program, the youth will need to provide certain documents. They are:

- Social Security Card (copy)
- Birth Certificate (copy) –*proof that the youth is between 16 and 23 years of age*
- Proof of address
- Photo ID (copy)
- Original Working Papers for youth 16 to 17 (green card). *If the youth is under the age of 18 at the time of application, they must submit their most current working papers. Working Papers can be acquired through their school. If the youth is not attending school, they still need to contact the local public high school to acquire them. It may take a few days to actually receive the Working Paper after the correct paper is submitted so start the process now*
- A recent Report Card for all high school students. If you earned a GED or TASC, please bring a copy of that or any other training certificate you may have earned.
- The parent or guardian must sign the application if the youth lives at home or receives any monetary support for the youth. *If the youth is living with people that claim them on their taxes, they also need to sign the application – even if the youth is older than 18 years of age.*
- Select Service. *Males who are 18 years of age or older must present evidence that they have registered for the Selective Service in compliance with Section 3 of the Military Selective Service Act. Registration verification may be obtained and printed out from the Selective Service website at www.sss.gov/ReqVer/wfVerticvication.aspx*

Depending on the youth's situation

**proof of income and additional documents may be requested
so it is in their best interest to apply EARLY!**

Applications are being accepted now! Don't be late

Orleans County Job Development
14016 Route 31 West
Albion, NY 14411
589-2822 or 589-2823

How to Improve Your Chances for Employment Opportunities

- **APPLY** – You must complete the application for employment, and return it to Job Development. Make sure have completed all pages and signed the application (and had a parent sign) if necessary.
- **CHECK YOUR CONTACT INFORMATION** - make sure your home address, email address, and phone numbers are correct on the application. Update us if you move. If we can not reach you, we cannot consider you for employment opportunities
- **GATHER YOUR DOCUMENTATION NOW** – It takes time to apply for and gather these items. You need an original Social Security card, Photo id. If you are attending High School we will need a copy of your most recent report card. If you are a male 18 years or older you will need to have signed up for the Select Service. If you are under 18 years old, you will need a work permit, which you can get from the school district you live in – which also requires you to have a physical within the last year. You need to have all these items ready so that you can bring them with you to the interview. In some cases you will be asked to bring additional information regarding your or your family’s income. Your application will not be considered complete unless all these items are turned in and all signatures are where they need to be!
- **FOLLOW THROUGH EARLY** – Do not wait until the last minute to turn in all the supporting documentation. Make sure you come to your interview and attend the Orientation you are scheduled for. Rescheduling is limited and in many cases is not an option.
- **MAKE A GREAT FIRST IMPRESSION** –a first impression is everything! Dress professionally when you meet or present yourself in front of an employer or summer employment staff. Wear a nice clean shirt, pants, shoes, etc. (No jeans, sneakers, hats, facial/tongue piercings, etc) Be on time (which means 5 to 10 minutes early)
- **LISTEN AND READ CAREFULLY** -Follow all directions. Make sure you write down all instructions and directions (ex: Address, details, names, phone numbers, etc)