

ARCHDIOCESAN YOUTH EMPLOYMENT SERVICES

-OFFICE USE ONLY-

APPLICATION FOR SERVICES

PROGRAM _____

CA _____

SD _____

PLEASE PRINT AND PROVIDE ALL REQUESTED INFORMATION

DATE	LAST NAME	FIRST NAME	M.I.	SOCIAL SECURITY NUMBER
ADDRESS	Number	Street	City	State
			Zip	PHONE (area code)
BIRTH DATE	BIRTHPLACE	City	State or Country	AGE
				GENDER MALE () FEMALE ()
SCHOOL ATTENDING	Are you attending year-round school? () yes () no If yes, what track? () A () B () C		FULL TIME STUDENT? () YES () NO	PRESENT GRADE LEVEL
				HIGHEST GRADE COMPLETED
UNITED STATES CITIZEN? () YES () NO		IF NO, PERMANENT RESIDENT? () YES () NO		EMAIL ADDRESS
				ALIEN REGISTRATION NUMBER _____

INFORMATION REQUIRED FOR FEDERAL REPORTING UNDER THE WORK FORCE INVESTMENT ACT (WIA)

ETHNIC GROUP () WHITE () HISPANIC () BLACK, NON-HISPANIC () AMERICAN INDIAN () ASIAN/PACIFIC ISLANDER	HOUSEHOLD LANGUAGE () ENGLISH () SPANISH () OTHER (SPECIFY): _____	MARITAL STATUS () SINGLE () SEPARATED () MARRIED () WIDOWED DO YOU HAVE CHILDREN? () YES () NO	SELECTIVE SERVICE (only for males 18 years of age or older) () YES () NO REG. NUMBER _____	HAVE YOU EVER BEEN CONVICTED OF A CRIME (Confidential Information) () YES () NO
EMERGENCY CONTACT	Name	Address	City	Phone (area code)
ALTERNATE CONTACT (Non Relative)	Name	Address	City	Phone (area code)
DO YOU HAVE ANY PHYSICAL, EMOTIONAL, OR MENTAL PROBLEMS/DISABILITIES? () YES () NO			IF YES, EXPLAIN:	

EMPLOYMENT HISTORY (List present or most recent first.)

HAVE YOU PREVIOUSLY PARTICIPATED IN A PROGRAM UNDER THE WORKFORCE INVESTMENT ACT (WIA)? () YES () NO IF YES, WHEN? _____					
ARE YOU PRESENTLY EMPLOYED? () YES () NO			HOW LONG HAVE YOU BEEN EMPLOYED? SINCE (MONTH/YEAR):		
FROM	TO	EMPLOYER NAME AND ADDRESS	JOB TITLE AND SUPERVISOR	HOURLY WAGE	WEEKLY HOURS
mo/yr	mo/yr				
FROM	TO	EMPLOYER NAME AND ADDRESS	JOB TITLE AND SUPERVISOR	HOURLY WAGE	WEEKLY HOURS
mo/yr	mo/yr				

FINANCIAL STATEMENT (Please complete for all family members in the household receiving income during the last 6 months)

NAME	RELATIONSHIP	SOURCE OF INCOME (i.e. work, welfare, etc.)	GROSS MONTHLY INCOME
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APPLICANT LIVES WITH: () BOTH PARENTS () MOTHER ONLY () FATHER ONLY () FOSTER PARENTS () OTHER (Specify): _____			
ENTER TOTAL NUMBER OF PERSONS LIVING IN HOUSEHOLD, INCLUDING THE APPLICANT: _____		ARE ANY OF THOSE PERSONS ON PUBLIC ASSISTANCE OR WELFARE: () YES () NO	
		HOW LONG HAVE YOU RECEIVED PUBLIC ASSISTANCE? (YRS/MOS) _____	

CERTIFICATION AND PARENT CONSENT (Required for all applicants between 14 and 17 years of age).

I certify that all the information provided is true to the best of my knowledge. I am aware that the information that I have provided is subject to verification and that I may have to provide documents to support this information. I understand that falsification will be grounds for termination from the program and may result inaction to recover any monies paid for participation in the program, and that I may be prosecuted for fraud and/or perjury. I understand that this program requires a long term commitment and parental involvement (for minors), including 12 months follow-up for federal reporting purposes.

The applicant has my permission to participate in all activities of the Archdiocesan Youth Employment Services, including transportation to sites within the greater Los Angeles area. In the event of an emergency, I do hereby authorize and request emergency medical treatment be performed as necessary.

APPLICANT _____ DATE _____ PARENT/GUARDIAN _____ DATE _____

ARCHDIOCESAN YOUTH EMPLOYMENT SERVICES

3250 Wilshire Blvd., Suite 1010

Los Angeles, CA 90010

INSTRUCTIONS

In this statement, please include names and ages of all persons living in the household and their relationship to the applicant
Parent's or Legal Guardian's signature is required as a Corraborative Witness.

APPLICANT STATEMENT

I HEREBY CERTIFY, UNDER PENALTY OF PERJURY, THAT I LIVE WITH:

NAME

RELATIONSHIP

AGE

Applicant

.....
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.....
.....

* Write on the back if you need to provide more information.

Please initial here: _____ My parents fully support all of their children.

Comments:

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I certify that the information above is true and accurate. I understand that if the above information is misrepresented or incomplete, it will be grounds for termination or penalties, as specified by law.

.....
APPLICANT'S SIGNATURE AND DATE

.....
PARENT'S OR LEGAL GUARDIAN'S SIGNATURE

.....
APPLICANT'S ADDRESS

.....
PRINTED NAME & RELATIONSHIP TO APPLICANT

.....
APPLICANT'S TELEPHONE

.....
PARENT'S OR LEGAL GUARDIAN'S TELEPHONE

If applicant cannot obtain a satisfactory witness or provide a telephone contact, explain above.