**YOUTH APPLICATION FOR YOUTH EMPLOYMENT PROGRAM**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Last First, M.I.

**Birth Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age**: \_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City County State Zip Code**

**Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **# Of Family Members in Household: \_\_\_\_\_\_\_\_\_\_\_**
2. **Recipient of Public Assistance within the last 6 months? Yes\_\_\_\_\_\_\_ or No\_\_\_\_\_\_\_\_**

***Note: Proof of Assistance must document the above.***

1. **Total Family Income: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(Do not need to complete if Yes for 3. Public Assistance above)***

***Note: Proof of Parental/Guardian income must document the above.***

1. **Last School Attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **Are you enrolled in a Career Pathways in your high school? Yes\_\_\_\_ No\_\_\_\_\_**
	1. **If yes, which one?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
3. **Does you receive SSI benefits or have an IEP or 504 plan?** **Yes\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_**

(This will not impact any hiring decision)

1. **Do you have any career interests you would like to explore this summer?**

**Yes\_\_\_\_\_ No\_\_\_\_\_**

* 1. **If yes, please explain in the space below:**

***(Application continued on back 🡪)***

**PLEASE READ CAREFULLY: Your application will not be accepted if this section is not completed:**

I certify that the information provided is true to the best of my knowledge. I am aware that the information I have provided is subject to review and verification. I further understand that I must provide documents to support claims made in this application.

 I am also aware that I am subject to immediate termination from the Youth Employment Program if I am found ineligible after enrollment and may be prosecuted for fraud and/or perjury if I knowingly provided false information. I allow the release of this information for verification purposes, and understand that it will be used to determine eligibility.

I authorize the Delaware Department of Labor and Youth Program to release and/or provide information to the Department of Education, regarding my work experience. This will include my name, date of birth, work experience location and duties, total hours worked, and resume.

I authorize the Delaware Department of Labor and Youth Program to use information captured on this application and entered into the Delaware JobLink system (DJL) in order to analyze the State’s Summer Youth Employment Program, unless the use of such information is otherwise prohibited by law or regulation.

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of Applicant

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of Parent or Guardian

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of Grantee-Agency/Organization Representative