

**Atlantic County Office of Workforce Development
SUMMER YOUTH EMPLOYMENT PROGRAM
APPLICATION**

Must be ages 16-24

Atlantic County Office One Stop Career Center
2 S. Main St. ~ Pleasantville, NJ 08401

Date of Application: ____/____/____

Are you a U.S. Citizen Yes No

PERSONAL DATA

Name: _____ Last 4 SSN: _____ Date of Birth: ____/____/____ Age: ____
First Last

Address: _____
Street Apt # City State Zip

Home Phone: (____) ____ - ____ Mobile (____) ____ - ____ Email (required) _____

EDUCATIONAL DATA

School Status: In-School, High School: School Name: _____ City/State: _____
 In-School, College: School Name: _____ Course of Study: _____
 Not Attending School, H.S. Graduate
 Not Attending School, Drop-out: School Name: _____ Last Grade Completed: _____

PERSONAL GOALS (List achievements you are planning to obtain within the next year)

1. _____
2. _____
3. _____

Employment Career Goal: _____ Educational Goal: _____

APPLICANT BACKGROUND INFORMATION

Do You Have A Valid Driver's License? Yes No. If yes, issued by what state? _____

How Do You Plan On Getting To Work? Car Bus Walk Other _____

Name: _____ Phone: (____) ____ - ____ Ext. _____
First Last

PERSONAL SKILLS

What Are Your Skills and Abilities?

WORK HISTORY / VOLUNTEER EXPERIENCE

Company: _____ Location: _____
Name of Business City, State

Date of Employment: From ____ / ____ / ____ To ____ / ____ / ____ Reason for Leaving: _____

Position / Job Title: _____ Rate of Pay \$ _____ per Hr. Wk. Hours: PT FT

Job Duties: _____

Company: _____ Location: _____
Name of Business City, State

Date of Employment: From ____ / ____ / ____ To ____ / ____ / ____ Reason for Leaving: _____

Position / Job Title: _____ Rate of Pay \$ _____ per Hr. Wk. Hours: PT FT

Job Duties: _____

SOCIAL SERVICES

Are you currently receiving Public Assistance? Yes No. If yes, what type? TANF GA SNAP Survivors Benefits

Other _____

Case Managers Name _____ Office Location _____

SIGNATURE OF APPLICANT

CERTIFICATION: I certify that the information provided is true to the best of my knowledge and there is no intent to commit fraud. Participants are subject to immediate termination if found ineligible after enrollment. Knowingly falsifying information will subject me to prosecution for fraud.

Signature of Youth Applicant Date: ____ / ____ / ____

DO NOT WRITE BELOW THIS AREA ~ FOR AGENCY USE ONLY:

Date Application Received ____ / ____ / ____
Staff Person Receiving Application _____
AOSOS # **NJ00** _____
Worksite _____