

Youth Employment Application



Date: _____

PERSONAL INFORMATION

 Last Name Middle Name First Name Social Security #

 Street Address City State Zip Code

 Phone Date of Birth Age Grade

 Cell Phone Number Pager Number School

AVAILABLE HOURS TO WORK AFTER SCHOOL

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From							
To							

Do you have verification of your identity and legal right to work in the United States?

Yes No

Have you ever worked for GYA before?

Yes No

Do you live in Glendale?

Yes No

Number of people living at home, including yourself:

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	Monthly	Yearly
Total income of all people living at home:	\$	\$

Do you receive government assistance? (Welfare, Cal Works, AFDC, etc.) Yes No

 Signature of the person that is receiving Government Assistance

 Please print the name of the person that is receiving Government Assistance

Please tell us why you want to participate in the GYA Youth Employment Program.

Recommendation: From counselor, teacher, or mentor recommending you for this program.

PLEASE PRINT:

Name: _____ Organization: _____

Address: _____

Phone: _____ Relationship: _____

Briefly tell us why you believe this person should be in this program: _____

Signature: _____

Please return all applications to the following address:

City of Glendale/Glendale Youth Alliance
141 North Glendale Ave Room 118
Glendale, CA 91206

* * * If you have any questions please call Paulina Bermudez at * * *
818-548-3316 or Karina Grigoryan at 818-548-2790

I hereby certify that all answers to the questions on this application are true, and if accepted, I agree and understand my commitment to attend the job training program on the dates specified.

Signature of Applicant Date

Parent Signature (If under 18) Date

ATTACHMENT C

Applicant Information - Youth

2003-2004 Program Year

First Name: _____

Middle: _____

Last: _____

Address: _____

City: _____

State: _____

ZIP Code: _____

Sex: (circle)

Home Phone: _____

Message Phone: _____

Male Female

Ethnicity: Please Complete Steps 1 & 2.

Step One - Circle one:

- Hispanic
- Non-Hispanic

Step Two - Next, circle a category that best describes you:

- White
- Black/African American
- Asian
- American Indian/Alaskan Native
- Native Hawaiian/Other Pacific Islander
- American Indian/Alaskan Native & White
- Asian & White
- Black/African American & White
- American Indian/Alaskan Native & Black
- Other Combination of two or more races.

Statistical Information

Annual Household Income: _____

Number of Persons in Household (Including Self): _____

Source of Income: _____

Female Headed Household: (circle) Yes No

How did you find out about this program? (i.e. friend, teacher etc.) _____

What school does the youth attend? _____

Household's Annual Family Income

Directions: 1) circle family size 2) follow line extending from family size and circle correct income level.

Number of Persons in Household	Level 1	Level 2	Level 3	Level 4
1	\$11,850 & below	\$11,851 to \$19,750	\$19,751 to \$31,600	above \$31,601
2	\$13,550 & below	\$13,551 to \$22,550	\$22,551 to \$36,100	above \$36,101
3	\$15,250 & below	\$15,251 to \$25,400	\$25,401 to \$40,600	above \$40,601
4	\$16,900 & below	\$16,901 to \$28,200	\$28,201 to \$45,100	above \$45,101
5	\$18,250 & below	\$18,251 to \$30,450	\$30,451 to \$48,750	above \$48,751
6	\$19,650 & below	\$19,651 to \$32,700	\$32,701 to \$52,350	above \$52,351
7	\$21,000 & below	\$21,001 to \$34,950	\$34,951 to \$55,950	above \$55,951

I certify that all information contained on this form is complete and true to the best of my knowledge.

Applicant's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

Program Staff's Signature: _____ Date: _____

For office use only:

CDBG

CRP