

ORANGE COUNTY 2010 SUMMER YOUTH EMPLOYMENT APPLICATION

Welcome Potential Youth Participants!

Please read carefully and fill out the application completely. You must be at least 17 and not older than 24 at the time you apply for this program.

I. To be considered you must prove you have legal right to work in the U.S.

You must answer yes to having **ONE** of the following documents or combination of documents: (You must bring the original documents in for review)

- Passport? Yes No
- Social Security Card **and** a valid Driver's License? Yes No
- Social Security Card **and** a school ID with a photograph Yes No
- An original or certified copy of your Birth Certificate **and** a school ID with a photograph? Yes No
- An original or certified copy of your Birth Certificate **and** a valid Driver's License? Yes No
- Resident Alien Card? Yes No

II. To verify family income, please provide a **copy** of the document that applies to you:

- Proof that you are a foster or emancipated youth, **or**
- Notice of Action from the Department of Social Services verifying your family is on public assistance, **or**
- Proof your family is receiving food stamps, **or**
- Disability payments, **or**
- Unemployment insurance payments, **or**
- Social Security payments, **or**
- Amount of income your family has earned over the past 6 months

III. Other documents you may be asked for:

- Selective Service Registration (for males 18 years of age or older)
- Military family documentation (if applicable)
- Shelter documentation (if applicable)

**IF YOU HAVE QUESTIONS OR NEED ADDITIONAL INFORMATION
CALL 714-567-7528 OR TDD 711**



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Complete this application as accurately as possible. All information on the application will be verified.
Completion of this application does not guarantee admission in the Summer Youth Program.

1. Name: _____
 First Name Middle Initial Last Name
2. Social Security Number: _____ - _____ - _____
3. Date of Birth: _____ 4. Age: _____
5. Male Female
6. Are you a U.S. Citizen? Yes No
7. If you are not a U.S. Citizen are you eligible to work in the U.S.?
 Yes No
8. Right to work document (Alien Registration Card) # _____
If you cannot provide legal right to work information, do not complete the remainder of this application.
9. Address: _____
- 10: City: _____ Zip Code: _____
- 11: Home Phone: _____ Cell Phone: _____
12. Email Address: _____
13. Alternative contact person _____ Phone number _____
14. Ethnicity:
 Asian Indian Cambodian White/Not Hispanic
 Filipino Guamanian American Indian/Alaskan
 Japanese Korean Other Asian/Pacific Island
 Samoan Vietnamese Other Asian
 Hispanic Chinese Black/Not Hispanic
 Hawaiian Laotian Other (please describe) _____
15. Please check all that apply to you (this information does not prevent you from participating in this summer):
 Homeless Veteran or child of Veteran
 Pregnant Parent – how many children? _____
 Shelter Foster Youth/Emancipated Foster Youth
 On Probation/Been in Jail Did not complete High School
16. Education History:
 Student Student Attending College
 High School Drop Out High School Graduate
 Attending an Alternative School
17. What is the highest grade you have completed to date?
 9th grade less than 1 year of college
 10th grade 1 year of college
 11th grade 2 years of college
 12th grade 3 years of college
 GED 4 years of college
 Did not complete high school / dropped-out

18. If you are a male 18 years of age or older, are you registered with Selective Service?
 Yes No
19. If you are under age 18, what is the total number of family members (parents and siblings under age 18) living in your home (including you): _____
20. Number of parent(s) or guardian(s) living in your home: _____
21. Number of children (under age 18) living in your home: _____
22. Please indicate the types of support currently being provided to you or your family, if applicable:
 Social Security
 General Assistance
 Food Stamps
 Temporary Assistance to Needy Families (TANF)/California Work Opportunity and Responsibility to Kids (CalWorks)
23. Are your parent(s) or guardian employed? Yes No
24. If yes to #22, what was the total income in the past 6 months (from wages, tips, commission and/or alimony)? _____
25. Are you or your parent(s) part of the military? Yes No
26. Indicate all skills you possess (if any): Typing wpm _____
 Computer: Word Perfect Excel Access PowerPoint Publishing
 Other _____
27. Do you speak any other language(s) than English? If yes please list _____
28. List past or present work experience(s), volunteering or internships activities:
 Date: _____ to _____ Company Name: _____ Address: _____
 City: _____ Phone #: _____ Title: _____
- Date: _____ to _____ Company Name: _____ Address: _____
 City: _____ Phone #: _____ Title: _____
29. What kind of transportation do you use? Car Bus Ride from others
 Bike Walk

Participant Certification: My signature below indicates that I have been informed of and understand the information contained on this form. I certify under penalty of perjury that all of the above information is true and complete. I agree that any information I have supplied is subject to verification. I understand that falsification of any items is grounds for termination from the program and may result in action to recover any moneys paid to me while participation.

 Signature of Youth Applicant Date

 Signature of Parent, Guardian or Responsible Adult Date
 (required for applicants under the age of 18)

The OCSYEP is made available through funding from the American Recovery and Reinvestment Act (ARRA) Economic Stimulus. Funding sources are directly from a Community Services Block Grant/Community Action Partnership and the Orange County Social Services Agency Temporary Assistance for Needy Families (TANF) Block Grant. The OCSYEP is subject to the guidance, directives and applicable laws and regulations of the Federal Government of the State of California. The OCSYEP is administered by the Orange County Workforce Investment Board and Youth Council on behalf of the County of Orange and is an Equal Opportunity employer/program. Auxiliary aids and services are available upon request, to individuals with disabilities.