

PLEASE READ ALL INFORMATION CAREFULLY

- Please complete **all** pages (front and back) of the application
- Only completed applications will be considered
- There are 2 youth programs available: In-School youth or Out-of-School youth
- Your application will be pre-screened for eligibility and you may be contacted for an interview **if** you meet eligibility requirements
- Completing the eligibility interview does not guarantee services
- **High School** students must be between the ages of 16-19 years old and in 12th grade to receive services
- If under the age of 18 your parent or guardian must sign pages 4 & 5
- High School graduates, college graduates, GED recipients, High School and college dropouts under the age of 25 are encouraged to apply for individualized services

In-School Youth is an individual between the ages of 16-21 who is in secondary or post-school, low income, and meets one or more of the additional conditions:

- Basic Skills Deficient
- English Language Learner
- Offender
- Homeless
- Runaway
- In foster care/aged out of foster care system
- Pregnant or parenting
- Disability

Out-of-School Youth is an individual **not** attending **any** school that is 17 or older who has not reached their 24th birthday, and meets one or more of the following conditions:

- School Dropout
- Within age of compulsory attendance but has not attended for at least the most recent complete school year calendar quarter
- Holds a secondary school diploma or recognized equivalent and is low income **and** Basic Skills Deficient or an English Language Learner
- Subject to the juvenile or adult justice system
- Homeless
- Runaway
- In foster care/aged out of foster care system
- Pregnant or parenting
- Disability

PLEASE HAND CARRY YOUR APPLICATION TO ONE OF THE FOLLOWING LOCATIONS:

PA CAREERLINK® LEHIGH VALLEY

555 Union Boulevard
Allentown, PA 18109

EASTON EMPLOYMENT AND TRAINING CENTER

27 South 3rd Street
Easton, PA 18042

ALLENTOWN EMPLOYMENT AND TRAINING CENTER

AT THE DONLEY CENTER

718 West Hamilton Street
Allentown, PA 18101

BETHLEHEM EMPLOYMENT AND TRAINING CENTER

AT THE HISPANIC CENTER

520 East 4th Street,
Bethlehem, PA 18015

To determine your eligibility at the time of your interview, you must bring **one** item from each of the categories listed below. **PLEASE NOTE:** where two or more items are listed, only **one** needs to be brought to the interview.

CATEGORY	DOCUMENTATION ITEM
AGE	<p>Bring one of the following:</p> <ul style="list-style-type: none"> ▪ Driver's License ▪ Birth Certificate ▪ Work Permit/Working Papers
<p>RESIDENCY Item must display applicant's current name and address</p>	<p>Bring one of the following:</p> <ul style="list-style-type: none"> ▪ Driver's License ▪ Lease ▪ Welfare, Food Stamp, or Social Security Award Letter ▪ Official Mailing
CITIZENSHIP	<p>Bring one of the following:</p> <ul style="list-style-type: none"> ▪ Birth Certificate ▪ Permanent Resident Card (Alien Registration Card) ▪ Hospital Record of Birth ▪ US Passport
PHOTO ID	<p>Bring one of the following:</p> <ul style="list-style-type: none"> ▪ Driver's License/State Identification Card ▪ Passport ▪ Permanent Resident Card (Alien Registration Card) ▪ School ID
<p>ECONOMIC ELIGIBILITY</p> <ul style="list-style-type: none"> ▪ If individual or family receives: <ul style="list-style-type: none"> ▪ Food Stamps ▪ SSI ▪ Welfare ▪ Free/Reduced Lunches ▪ If individual is unemployed ▪ If individual or household members are employed <p>GROSS FAMILY INCOME OVER LAST SIX MONTHS (26 WEEKS)</p>	<p>Bring one of the following:</p> <ul style="list-style-type: none"> ▪ Food Stamp Award Letter ▪ SSI Award Letter ▪ Welfare Card/Award Letter ▪ Letter from the school stating child is eligible for free/reduced lunches ▪ Pay stubs or Gross Earnings Statement from the past six months (26 weeks) <p>*YOUTH WITH A DISABILITY MAY BE CONSIDERED A FAMILY OF ONE TO DETERMINE IF THEY MEET WIOA YOUT PROGRAM ECONOMIC ELIGIBILITY</p>
<p>SELECTIVE SERVICE Males only – 18 years of age, born after December 31, 1959</p>	<p>Bring one of the following:</p> <ul style="list-style-type: none"> ▪ Acknowledgement Letter ▪ Selective Service Registration Card
SCHOOL STATUS	<ul style="list-style-type: none"> ▪ Most recent Report Card ▪ High School Diploma ▪ School Transcripts ▪ Degree
SOCIAL SECURITY NUMBER	<p>Bring one of the following:</p> <ul style="list-style-type: none"> ▪ Social Security Card ▪ Social Security Office Document
FAMILY SIZE	<p>Bring one of the following:</p> <ul style="list-style-type: none"> ▪ Birth Certificate for each family member ▪ Lease/Landlord Statement ▪ Most Recent Tax Return Supported by IRS ▪ Public Assistance Records/Social Service Agency Records
PARENT/GUARDIAN SIGNATURE	<p>IF UNDER THE AGE OF 18, MAKE SURE YOUR PARENT OR LEGAL GUARDIAN SIGNS YOUR APPLICATION AT ALL PLACEDS MARKED WITH "X"</p>

Be prepared. Coming to your eligibility interview without the required items will cause a delay and can affect your chances of receiving services.

APPLICATION FOR YOUTH AGES 16-24

**PLEASE PRINT
PHOTOCOPIES NOT ACCEPTABLE**

APPLICANT INFORMATION:						
Last Name:		First Name:		Middle Int:	Social Security #:	
Street Address:				County: Lehigh <input type="checkbox"/> Northampton <input type="checkbox"/>		
City:		State:	Zip Code:	Email Address:		
Have you ever applied to PA CareerLink® Lehigh Valley? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever participated in PA CareerLink® Lehigh Valley programs? <input type="checkbox"/> Yes <input type="checkbox"/> No *If yes, please identify when and the program: _____				Primary Phone #: _____ Secondary Phone #: _____ Facebook: _____		
Are you currently attending High School or a Post-Secondary school? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is your present grade? _____ In what year will you graduate? _____			Birth Date (MM/DD/YYYY): _____		Age: _____	
			Are you a High School dropout? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have a valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No			
SCHOOL(S) ATTENDED	DATE STARTED	DATE ENDED	COURSE/MAJOR	DID YOU GRADUATE?		
				YES	NO	YEAR
BEGINNING WITH YOU PRESENT OR LAST JOB, PLEASE LIST JOBS YOU HAVE HELD:						
Name of Employer:			Name of Employer:			
Address:			Address:			
Job Title:			Job Title:			
Job Duties:			Job Duties:			
Salary:			Salary:			
Start Date:			Start Date:			
End Date:			End Date:			
Reason for Leaving:			Reason for Leaving:			
REASON FOR SEEKING ASSISTANCE:						
Why are you seeking assistance? <input type="checkbox"/> Employment Opportunities <input type="checkbox"/> Skills Training <input type="checkbox"/> Tutoring <input type="checkbox"/> Obtain GED/High School diploma <input type="checkbox"/> Work Experience <input type="checkbox"/> Career Awareness						

PART B.

1. Is anyone in your family receiving any of the following cash **Public Assistance** payments (TANF, General Assistance, SSI, or Refugee Assistance)? Yes No

➤ If **YES**, the following four questions **must** be filled in:

- What is the case number? _____
- Who is the case worker? _____
Case worker's phone number: _____
- What is the amount of the grant? _____
- What is the date that this assistance began (MM/DD/YY)? _____

2. Is anyone in your famil receiving **Food Stamps**? Yes No

➤ If **YES**, what is the case number? _____

- Who is the case worker? _____
- Case worker's phone number: _____

3. Are you registered with Selective Service? Yes No
(Males 18 or over, born after 1959)

4. Are you a foster child? Yes No

5. Are you a citizen of the United States? Yes No

➤ If **NO**, please indicate your non-citizen status _____

6. Are you presently or have you been subjected to any stage of the criminal justice process? Yes No

7. Are you homeless or temporarily living in a public or private shelter? Yes No

8. Are you a runaway? Yes No

9. Are you eligible to receive free or reduced price lunches from your school? Yes No

10. Do you have a disability? Yes No

11. Are you an English Language Learner? Yes No

12. Are you pregnant or parenting? Yes No

***YOUTH WITH A DISABILITY MAY BE CONSIDERED A FAMILY OF ONE TO DETERMINE IF THEY MEET WIOA YOUTH PROGRAM ECONOMIC ELIGIBILITY**

APPLICANT NAME: _____

PART C. CERTIFICATION AUTHORIZATION AND RELEASE OF INFORMATION

PARENTS AND GUARDIAN: Please read the following and sign below if the applicant is under 18 years of age. Your signature and date are required and subjects you to the provisions contained in these paragraphs.

APPLICANT: If you are 18 years of age or older you must sign and date below. You are subject to the provisions contained in the following paragraphs.

CERTIFICATION: I certify that the information provided is true to the beset of my knowledge. I am also aware that the information I have provided is subject to review and verification (including wage records and unemployment compensation information), and that I may have to provide documents to support this application. I am also aware that I am subject to immediate termination if I am found ineligible after enrollment and may be prosecuted for fraud and/or perjury. I allow release of information, for verification purposes, and understand that it will be used to determine eligibility.

I, also, herby authorize all schools, present and previous employers, community-based organizations, and government agencies to disclose my records, report cards, school attendance, discipline reports, IEP's, test scores, reason for leaving, and all other information which will be used to evaluate my application for eligibility and participation and hereby release PA CareerLink® Lehigh Valley and Lehigh Valley Workforce Development Board, Inc. from all liability arising from such disclosure.

I understand that my participation is subject to cancellation if any information I have supplied on this application is false or misleading, or if I have failed to disclose any information requested on this application. I further understand that falsification of information may subject me to prosecution under the law.

I, hereby, give my permission to submit to a pre-enrollment physical examination if deemed necessary.

I HAVE READ AND UNDERSTAND THE ABOVE STATEMENTS and I certify that all of the information furnished above and on the other pages of this application is true, complete, and correct to the best of my knowledge.

NAME: _____
(Printed name of parent/guardian, if applicant is under 18)

NAME: _____
(Printed name of applicant, if 18 or over)

X SIGNED: _____
(Signature of parent/guardian, if applicant is under 18) DATE

X SIGNED: _____
(Signature of applicant, if 18 or over) DATE

APPLICATION FOR YOUTH AGES 16-24
EQUAL EMPLOYMENT OPPORTUNITY DATE

The workforce system in Pennsylvania is called PA CareerLink®. Under the direction of the Lehigh Valley Workforce Development Board, Inc. Lehigh Valley's youth program is called CareerFORCE. Therefore, we have a moral, as well as legal, commitment to provide equal employment opportunity and nondiscrimination in employment policies and practices on the basis of race, religion, color, sex, national origin, ancestry, marital status, age, disability, political affiliation or belief, and for beneficiaries only, citizenship and participation in Personal Responsibility and Work Opportunity Reconciliation Act (PWORA) and the Workforce Innovation and Opportunity Act (WIOA). We are also required to make periodic reports based on these categories, and are in violation of the law if we do not make such reports; therefore, we ask that you fill in the information requested below.

This information will not be used in any way to evaluate qualifications for employment or training or job performance. It will be used for statistical purposes only, and will be kept in a confidential file.

Thank you for your help in this matter.

Please note: All information requested is voluntary.

NAME (Please print): _____
Last First Middle

Please check where applicable:

1. Race: American Indian or Alaskan Native Asian Black or African American
 Hawaiian Native or other Pacific Islander White Do not wish to disclose

2. Ethnicity: Hispanic or Latino Non-Hispanic

3. Disabled: Yes No Do not wish to disclose

4. Gender: Male Female

5. Are you a Veteran? Yes No
 ➤ Are you a disable Veteran? Yes No
 ▪ If yes, what is your VA disability rating? _____ %

6. Are you the spouse of a Veteran? Yes No

7. Are you applying for a specific service(s)? Yes No
 ➤ If yes, please indicate (choose all that apply):
 Job Search Assistance Career Exploration Workshops
 Employability Workshops Literacy Skills Training
 Skills Training Job Fairs
 Case Management Job Development
 Work Experience