APPLICATION FOR YOUTH AGES 16-21

Services may include:

Tutoring	Employment Opportunities	Work Readiness
Mentoring	Skills Training	Career Awareness
Job Shadowing	Work Experience	GED Preparation
Tuition Assistance		On-the-Job Training

PLEASE READ ALL INFORMATION CAREFULLY:

- Please complete all pages front and back of your application
- Only completed applications will be considered
- Your Application will be pre-screened for eligibility
- 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 dropouts and college dropouts under 22 are encouraged to apply for individualized services.

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

PA CareerLink® Lehigh Valley/Allentown
555 Union Boulevard
Allentown, PA

William Allen High School
CareerFORCE Center, Room 109
126 N. 17th Street
Allentown, PA

Bangor Area Sr. High School
Guidance Office
123 Five Points Richmond Road
Bangor, PA 18013

Dieruff High School
CareerFORCE Center
815 N. Irving Street
Allentown, PA

YOU MAY MAIL YOUR APPLICATION TO:

CareerFORCE Lehigh Valley Youth Program
555 Union Boulevard
Allentown, PA 18109

If you have any questions, call: 610-850-1396. TTY: 610-821-6760

OUR POLICY IS FIRST COME-FIRST SERVED

Auxiliary Aids and Services are available upon request to individuals with disabilities. Equal Opportunity Employer/Program

IMPORTANT

KEEP THIS SHEET FOR YOUR INFORMATION

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	*Bring one of the following:* • Driver's License • Birth Certificate • Work Permit (Working Papers)
RESIDENCY (item must display applicant's current name and address)	*Bring one of the following:* • Driver's License • Utility Bill • Welfare, Food Stamp or Social Security Award Letter • Medical Card • Mailing
CITIZENSHIP	*Bring one of the following:* • Birth Certificate • Alien Card • Other Documentation of Birth from Hospital of Birth
PHOTO ID	*Bring one of the following:* • Driver's License • State Issued ID Card • Passport/Alien Card • School ID Card
ECONOMIC ELIGIBILITY	**BRING ONE OF THE FOLLOWING:**
If Receiving Food Stamps **If Receiving SSI** **IF Receiving Welfare** **If unemployed** **If employed** **GROSS FAMILY INCOME OVER LAST SIX MONTHS (26 WEEKS)**	• Food Stamp Award Letter • SSI Award Letter • Welfare Card/Award Letter • Unemployment Determination Letter • Pay Stubs from past 6 months (26 weeks) or • Gross Earnings Statement from Employer for past 6 months ***YOUTH WITH A DISABILITY MAY BE CONSIDERED A FAMILY OF ONE TO DETERMINE IF THEY MEET WIA YOUTH PROGRAM ECONOMIC ELIGIBILITY**
	BRING ONE OF THE FOLLOWING:
SELECTIVE SERVICE (MALES ONLY, 18 YEARS OF AGE, BORN AFTER DECEMBER 31, 1959)	• Acknowledgement Letter • Selective Service Registration Card
SCHOOL STATUS (STUDENTS ONLY)	• Most Recent Report Card
	BRING ONE OF THE FOLLOWING:
SOCIAL SECURITY NUMBER	• Social Security Card • Social Security Office Document
NUMBER IN FAMILY	*Bring one of the following:* • Birth Certificate for Each Family Member • Court Decree • Divorce Decree • Landlord Statement • Lease • Marriage Certificate • Medical Card • Most Recent Tax Return Supported by IRS Documents • Public Assistance/Social Service Agency Records • Public Housing Authority Records. (If Resident of or on Waiting List)
PARENT/GUARDIAN SIGNATURE	**If under the age of 18, make sure your parent or legal guardian signs your application at all places marked with an "X".**

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

PA CAREERLINK® LEHIGH VALLEY
555 UNION BOULEVARD
ALLENTOWN, PA 18109

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PLEASE PRINT
PHOTOCOPIES NOT ACCEPTABLE

APPLICANT INFORMATION			
Last Name:	First Name:	Middle Initial:	Social Security #:
Street Address:		County: Lehigh ☐ Northampton ☐	
City:	State & Zip Code:	Email Address:	

Have you ever applied to PA CareerLink® Lehigh Valley? ☐Yes ☐No Have you ever participated in PA CareerLink® Lehigh Valley programs? ☐Yes ☐No	Home Phone#: _____ Cell Phone #: _____ Facebook: _____
Are you currently attending Middle School, High School or College? ☐Yes ☐No If yes, what is your present grade? _____ In what year will you graduate? _____	Driver's License: ☐Yes ☐No Number: Are you a High School Dropout? ☐ Yes ☐ No

SCHOOL(S) ATTENDED	DATE STARTED	DATE ENDED	COURSE/ MAJOR	DID YOU GRADUATE?		
				YES	NO	YEAR

BEGINNING WITH YOUR PRESENT OR LAST JOB, PLEASE LIST JOBS YOU HAVE HELD:		
Name of Employer:	Supervisor:	
Address:	Salary:	
Job Title:	Start Date:	End Date:
Job Duties:	Reason for Leaving:	
Name of Employer:	Supervisor:	
Address:	Salary:	
Job Title:	Start Date:	End Date:
Job Duties:	Reason for Leaving:	

APPLICATION FOR YOUTH AGES 16-21

ELIGIBILITY PRESCREENING FORM

NAME: _____ SOC. SEC.#: _____
Last First MI

This information will determine whether or not you are eligible for services. Please complete all three parts of this application as thoroughly and as accurately as possible. Missing or incomplete information may delay the application process.

PART A. INSTRUCTIONS (PLEASE PRINT). **THIS PAGE MUST BE COMPLETED.**

On the lines below, please list each family member who was living in your household during the last 26 weeks (6 months), their occupations, age and total income (BEFORE TAXES). List family members who had no income such as children and unemployed adults. Also, make sure you are listed as applicant.

FAMILY MEMBERS are those persons living with you who are related to you by blood, marriage or adoption. A step-parent or stepchild is related by marriage and is included.

TOTAL INCOME: **COUNT all monies received (BEFORE TAXES) for the last SIX (6) MONTHS (26 weeks). DON'T COUNT monies from public assistance (welfare); unemployment compensation; social security insurance (SSI); child support payments.**

NAME OF ALL FAMILY MEMBERS living in household	RELATIONSHIP TO APPLICANT	AGE (YRS.)	OCCUPATION/ STUDENT	SOURCE/TYPE OF INCOME	AMOUNT OF INCOME Last 6 months
(Example) Jamie Smith	Applicant	16	Student	0	0
(Example) Sue Smith	Mother	35	Clerk	Wages	$1,700.00

For more than 11 family members, please list on a separate page and attach to this application.

PART B.

1. Is anyone in your family receiving 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 caseworker?_____ Phone # _____

   What is the amount of the grant?_____

   What is the date that this assistance began? _____

   (month) (day) (year)

   Is anyone in your family receiving **Food Stamps**?_____ ☐ YES ☐NO

   If yes, what is the case number? _____

   Who is the caseworker? _____ Phone # _____

2. Are you a foster child? ☐ YES ☐ NO

3. What is your birthdate? _____

4. Are you registered with the Selective Service? (Males 18 or older) ☐ YES ☐ NO

5. Citizenship:

   Are you a citizen of the United States? ☐ YES ☐ NO

   If NO, please indicate your non-citizen status _____

   and your registration number

   _____

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

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

APPLICANT NAME:_____

PART C. CERTIFICATION AUTHORIZATION AND RELEASE OF INFORMATION

PARENTS AND GUARDIANS: 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 best 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, hereby 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 Investment 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: _____
(Print name of Parent/Guardian, if Applicant under 18)

NAME: _____
(Print name of Applicant, if 18 or over)

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

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

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EQUAL EMPLOYMENT OPPORTUNITY DATA

The workforce system in PA is called PA CareerLink®. Under the direction of the Lehigh Valley Workforce Investment 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 American Recovery and Reinvestment Act (ARRA), Personal Responsibility and Work Opportunity Reconciliation Act (PWORA), and Workforce Investment Act (WIA). 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
   and _____ Disabled

2. Ethnicity: _____ Hispanic or Latino (You must also select a race.)

3. Sex: _____ Male _____ Female

4. Birthdate: _____ Age: _____

5. Are you a Veteran? _____ Yes _____ No

6. Are you a spouse of a veteran _____ Yes _____No

7. Are you a disabled Veteran? _____ Yes _____ No

8. If yes, what is your VA disability rating? _____%

9. Are you applying for a specific service? _____ Yes _____ No

10. If yes, indicate: _____