

APPLICATION FOR YOUTH AGES 16-24

PLEASE READ ALL INFORMATION CAREFULLY

- Please complete **all** pages of the application
- Only completed applications will be considered
- There are two (2) youth programs available: In-School Youth and 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 page 4 and page 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 who is in secondary or postsecondary education and is between the ages of 14-21 years old, low income, and meets one (1) or more of the additional conditions:

- Basic Skill 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 who is 17 years of age or no older than 24 and is **not** attending secondary or postsecondary school, and meets one (1) 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 & TRAINING CENTER

27 South 3rd Street, Easton PA 18042

ALLENTOWN EMPLOYMENT & TRAINING CENTER

718 West Hamilton Street, Allentown PA 18101

PA CAREERLINK® LEHIGH VALLEY AT ST. LUKE'S SACRED HEART

325 North 5th Street, Allentown PA 18102

BETHLEHEM EMPLOYMENT & TRAINING CENTER

502 East 4th Street, Bethlehem PA 18015

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**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						

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ELIGIBILITY PRESCREENING FORM

NAME: _____ SOCIAL SECURITY #: _____
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/GROSS WAGES). List family members who had no income such as children and unemployed adults. Also, make sure you are listed as the applicant.

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

TOTAL INCOME: **COUNT** all monies received (BEFORE TAXES/GROSS WAGES) for the last 6 MONTHS (26 weeks). **DO NOT COUNT** monies from Public Assistance (Welfare); Unemployment Compensation; Social Security Insurance (SSI); or Child Support payments.

NAME OF ALL FAMILY MEMBERS LIVING IN HOUSEHOLD	RELATIONSHIP TO APPLICANT	AGE	OCCUPATION/ SUTDENT	TYPE OF INCOME	AMOUNT OF INCOME IN THE LAST 6 MONTHS
(Example) Jamie Smith	Applicant	16	Student	0	0
(Example) Sue Smith	Mother	35	Clerk	Wages	\$1,700

***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 any of the following cash **Public Assistance** payments (TANF, 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 family 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

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 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 Workforce Board Lehigh Valley 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 DATA

The workforce system in Pennsylvania is called PA CareerLink®. Lehigh Valley's in-school youth and out-of-school youth programs are run under the direction of the Workforce Board Lehigh Valley. 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