



Workforce Opportunities • Workplace Solutions

## Finger Lakes Works Youth Program Application

Thank you for your interest in the Workforce Innovation & Opportunity Act (WIOA) Youth Program. Please bring the following **original** documents with your application so we can determine if you are eligible. If you are not yet 18 years of age, please make sure your parent or guardian also signs in all necessary places (which we have highlighted in gray for your convenience).

\_\_\_\_\_ Birth Certificate and Social Security Card

\_\_\_\_\_ Proof of address (such as driver's license or envelope mailed to you at your address)

\_\_\_\_\_ Photo ID

\_\_\_\_\_ Original Work Permit if under 18 (**no copies please, must be green or orange**)

\_\_\_\_\_ Selective Service Registration Acknowledgment Letter (for males 18 or over)

Please return this application **and** documentation as soon as possible to our office so we can review it. You will be contacted for an interview if/when all paperwork is completed and returned to our office.



# FINGER LAKES WORKS

## Youth Program Application

Workforce Opportunities • Workplace Solutions

Required items are indicated with asterisk \* and **bold** type - Please print clearly **Date:** \_\_\_\_\_

\* **1. Last Name** \_\_\_\_\_ \* **2. First Name** \_\_\_\_\_ 3. M.I. \_\_\_\_\_

\* **4. Social Security #** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\* **5. Street Address** \_\_\_\_\_

\* **6. City** \_\_\_\_\_ \* **7. State** \_\_\_\_\_ \* **8. Zip Code ( +4 not required)** \_\_\_\_\_ - \_\_\_\_\_

\* **9. County** \_\_\_\_\_ 10. Country, if not US \_\_\_\_\_

\* **11. Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_ 12. Gender:  Male  Female

\* **13. Phone** \_\_\_\_\_ 14. Message Phone \_\_\_\_\_  
 (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

15. E-Mail Address \_\_\_\_\_

\* **16. Are you a US Citizen?**  Yes  No **If not, are you authorized to work in the United States?**  Yes  No

17. Race  Alaskan/American Indian  Asian (not Hispanic)  Hawaiian/Pacific Islander  
 White (not Hispanic)  Black, or African American  Other

18. Ethnicity:  Hispanic or Latino  Not Hispanic or Latino

**Note:** Question 17 and 18 above is voluntary. Information will be kept confidential and is intended for use solely in connection with record keeping and affirmative action requirements. You will not be penalized for refusal to answer

**\*19. Education (Circle highest grade completed)**

Highest Grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 Last Day Attended School \_\_\_\_\_

Did you receive: \_\_\_\_ HS Diploma \_\_\_\_ HSE/GED \_\_\_\_ Certificate/IEP

College:  Bachelor's Degree  Associate Degree  Vocational Degree  Some College/Vocational Training

\* **20. Are you currently attending any educational facility?**  Yes  No If yes, where \_\_\_\_\_

\* **21. Are you currently employed:**  Yes  No

\* **22. How many weeks were you out of work in the last 26 weeks** \_\_\_\_\_

23. Are you or any member of your household receiving any public assistance?  Yes  No  
(such as Family Assistance/Safety Net, Medicaid, SNAP, HEAP, and SSI)

If you answered yes to question 26 please indicate what public assistance you are receiving \_\_\_\_\_

**\*24. Are you currently or have you previously been in Foster Care?**  Yes  No

**\*25. Are you a person with a disability?**  Yes  No  Not disclosing

**NOTE:** Question 25 is voluntary. Information will be kept confidential and is intended for use solely in connection with record keeping and affirmative action requirements, and to determine program eligibility. You will not be penalized for refusal to answer.

26. Are you a Migrant/Seasonal Worker? Yes  No  If Yes, check one of the following:

Migrant Farm Worker  Migrant Food Processor  Seasonal Farm Worker

**\*27. Is English your primary language?**  Yes  No If no, what is your primary language \_\_\_\_\_

**\*28. Have you ever been convicted of a crime or been involved in the criminal justice system?**  Yes  No

**\*29. Are you an individual that is pregnant or parenting?**  Yes  No

**\*30. Are you currently or have you previously received treatment or counseling for alcohol or substance abuse?**

Yes  No

**\*31. Do you currently have a fixed, regular, and adequate nighttime residence or are you living in an out of home placement?**  Yes  No

**\*32. Are you a veteran?**  Yes  No If yes, answer question 31.

Dates of Active Service \_\_\_/\_\_\_/\_\_\_ through \_\_\_/\_\_\_/\_\_\_

**\*33. Type of job desired** (Job title) \_\_\_\_\_

34. Which kinds of jobs are acceptable? Work Week: A.  Any  Full-time  Part-time

Duration: B.  Regular  Regular or Temporary  Temporary

35. Salary Required \$ \_\_\_\_\_ per  Hour  Day  Week  Month  Year  Unspecified  Other

36. Date you are available for work \_\_\_/\_\_\_/\_\_\_

37. Which shifts are you willing to work?  Any  First  Second  Third  Split  Rotating

**\*38. How do you prefer to be contacted?** (Check as many as apply)

Mail  Phone  Message Phone  E-Mail  Text

**\*39. How many miles are you willing to travel for work?**

Within 5 10 25 50 100 200 miles of zip code \_\_\_\_\_

40. Work History

Complete all required items for each employer. Enter the most recent employment first.

A. \*Job Title \_\_\_\_\_ \*Employer \_\_\_\_\_  
\*Address \_\_\_\_\_  
\*Wage \_\_\_\_\_ per \_\_\_\_\_ Hours per week \_\_\_\_\_  
\*City \_\_\_\_\_ \*State \_\_\_\_\_ \*Country, if not US \_\_\_\_\_  
\*Start Date \_\_\_/\_\_\_/\_\_\_ \*End Date \_\_\_/\_\_\_/\_\_\_ Supervisor \_\_\_\_\_ Phone # ( ) \_\_\_\_\_ - \_\_\_\_\_  
\*Reason for Leaving \_\_\_\_\_  
\*Job Duties: \_\_\_\_\_

B. \*Job Title \_\_\_\_\_ \*Employer \_\_\_\_\_  
\*Address \_\_\_\_\_  
\*Wage \_\_\_\_\_ per \_\_\_\_\_ Hours per week \_\_\_\_\_  
\*City \_\_\_\_\_ \*State \_\_\_\_\_ \*Country, if not US \_\_\_\_\_  
\*Start Date \_\_\_/\_\_\_/\_\_\_ \*End Date \_\_\_/\_\_\_/\_\_\_ Supervisor \_\_\_\_\_ Phone # ( ) \_\_\_\_\_ - \_\_\_\_\_  
\*Reason for Leaving \_\_\_\_\_  
\*Job Duties: \_\_\_\_\_

C. \*Job Title \_\_\_\_\_ \*Employer \_\_\_\_\_  
\*Address \_\_\_\_\_  
\*Wage \_\_\_\_\_ per \_\_\_\_\_ Hours per week \_\_\_\_\_  
\*City \_\_\_\_\_ \*State \_\_\_\_\_ \*Country, if not US \_\_\_\_\_  
\*Start Date \_\_\_/\_\_\_/\_\_\_ \*End Date \_\_\_/\_\_\_/\_\_\_ Supervisor \_\_\_\_\_ Phone # ( ) \_\_\_\_\_ - \_\_\_\_\_  
\*Reason for Leaving \_\_\_\_\_  
\*Job Duties: \_\_\_\_\_

41. Do you have a driver's license?  Yes  No If no, do you have a learner's permit?  Yes  No

Issuing State \_\_\_\_\_

What type of license do you have?

Class A (Tractor Trailer)

Class B (Truck/Bus)

Class C (Light Truck Com'l.)

Class Cn (C-non-CDL)

Class D (Operators)

Class E (Taxi)

Class M (Motorcycle)

Endorsements:  Passenger Transport

Hazardous Materials

Tank Vehicles

Motorcycle

School Bus

Doubles/Triples

Tank Hazard

Air Brakes

42. Do you own or have access to a vehicle?  Yes  No

43. Do you need public transportation to get to a job?  Yes  No

44. Do you have an occupational license or certification (ex: ServSafe, Forklift, CNA)?  Yes  No  
If you answered No, go directly to question 45.

\*Certification/License: \_\_\_\_\_ Issue Date: \_\_\_/\_\_\_/\_\_\_

\*Issuing Organization or Locality: \_\_\_\_\_ State \_\_\_\_\_ \*Country \_\_\_\_\_

Additional License/Certification: \_\_\_\_\_ Issue Date: \_\_\_/\_\_\_/\_\_\_

Issuing Organization or Locality: \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

\*45. Do you have a degree, diploma or educational certificate?  Yes  No If you answered No, go directly to item 47.

\*Course of Study \_\_\_\_\_ \*Degree \_\_\_\_\_ Date Completed (month/year) \_\_\_/\_\_\_

\*Issuing Institution \_\_\_\_\_ \*State \_\_\_\_\_ \*Country \_\_\_\_\_

Additional degree, diploma or educational certificate:

Course of Study \_\_\_\_\_ Degree \_\_\_\_\_ Completed (month/year) \_\_\_/\_\_\_

Issuing Institution \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

\*46. Jobs Skills: List at least one.

Include skills and abilities that you used in your job(s) or that you acquired through school or training. For example, auto mechanic, carpentry, welding, typing, computer hardware/software, etc. Indicate any foreign languages in which you are fluent

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

47. List any honors you have received or outside activities you participate in: \_\_\_\_\_

\_\_\_\_\_

I certify that the information on this application is true and has been provided without any intent to defraud. I acknowledge that I may have to provide documents to verify the information on this application. If I am found ineligible after enrollment, I will be subject to immediate termination. I authorize release of information in this application for verification purposes and understand that it will only be used to determine eligibility. I also certify that, if required, I have applied for registration under the military selective service act.

Are You a U.S. Citizen  **Yes**  **No** (If Not are you eligible to work in the United States  **Yes**  **No**

Males Only: I meet the requirements of Section 3 of Military Selective Act  **Yes**  **No**

With this application I have received an orientation package.  **Yes**  **No**  
(Including Equal Opportunity Law, Grievance Procedure, Affirmative action Policy: see page 7)

I understand that if determined ineligible I have the right to appeal the determination.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Signature of Parent or Guardian if under 18: \_\_\_\_\_ **Date:** \_\_\_\_\_

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## OFFICE USE ONLY

### Eligibility Determination:

Is the applicant eligible for enrollment in a WIOA Program?  **Yes**  **No**

If no, list reason \_\_\_\_\_

WD Counselor Signature \_\_\_\_\_ **DATE:** \_\_\_\_\_

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DEV Verification: By: \_\_\_\_\_ Intake Forms Complete \_\_\_\_\_  
Title: \_\_\_\_\_ Eligible \_\_\_\_\_  
Date: \_\_\_\_\_

Citizenship/Alien Status \_\_\_\_\_ Selective Service Status \_\_\_\_\_ Family Income \_\_\_\_\_  
Birth Date/ Age \_\_\_\_\_ Social Security Number \_\_\_\_\_ Number in Family \_\_\_\_\_  
Labor Force/UI \_\_\_\_\_ Address \_\_\_\_\_

### WIOA Eligibility:

Homeless  School Dropout  Foster Care  Justice System  
 Runaway  Pregnant/Parenting  Truant  Individual w/ disability

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Low Income AND  Diploma/HSE AND :

Basic Skills Deficient OR  English language Learner

Low Income AND  Needs Additional Assistance (local priority, below):

Poor work history  At Risk Substance Abuse  Veteran  Noncustodial  Underemployed  DV

**FINGER LAKES WORKFORCE INVESTMENT AREA**  
**STEPS IN RESOLVING WIOA-RELATED COMPLAINTS/GRIEVANCES AND AFFIRMATIVE ACTION**

Workforce Innovation and Opportunity Act participants are entitled to the right of issuing and having resolved complaints relating to their participation in the programs offered under the Workforce Innovation and Opportunity Act (WIOA). All complaints/grievances must be filed within one (1) year of the alleged Workforce Innovation and Opportunity Act related occurrence.

If you have a Workforce Innovation and Opportunity Act-related COMPLAINT, here are the steps available:

I. Informal Conference

Immediately discuss any problems, complaints, etc., with your Workforce Development Specialist, Worksite Supervisor, Employer, or Instructor. Typically most complaints are resolved through open discussions. If the type of complaint/grievance is of a nature that cannot be resolved in this stage, or if it was not informally resolved, then an Informal Resolution will be used.

II. Informal Resolution

At this stage, it is necessary that you obtain a form entitled "Notice of Complaint" (WIOA 105.1) from your County Workforce Development Office or One Stop Center. Complete this form and return it to the County's Workforce Development or One Stop Center Program Complaints Resolution Officer.

The Equal Opportunity Officer will schedule an Informal Resolution Conference within five (5) days after receiving the Notice with you and other persons who the Equal Opportunity Officer believes should be present.

Within fifteen (15) days after the Informal Resolution Conference, the Equal Opportunity Officer will issue an Informal Resolution Conference Report (WIOA 105.2) to all parties, which will include a section on the recommended disposition of the complaint/grievance.

III. Formal Hearing or Mediation

If any of the parties involved in an Informal Resolution Conference believe that the disposition of the complaint/grievance is not appropriate, they may request they may request that the complaint be resolved through mediation or they may continue with the Formal investigation. This request must be made in writing, and must be received within ten (10) days after receipt of the Informal Resolution Conference Report.

Within the ten (10) days after receipt of the request for Mediation or Formal investigation, the Finger Lakes Workforce Investment Board Equal Opportunity Officer will schedule Mediation or a Formal Hearing. Within sixty (60) days after, the Equal Opportunity Officer schedules mediation or the formal hearing, the Equal Opportunity Officer will issue his/her findings and recommendations for the complaint/grievance.

IV. Appeal

If you do not receive a decision within sixty (60) days of filing a complaint, or if any party believes that the findings and recommendations are unsatisfactory, they may appeal to the Governor and to the United States Department of Labor. Information relating to the procedures will be provided by the Finger Lakes Workforce Investment Board Office.

To identify your local Workforce Innovation and Opportunity Act Equal Opportunity Officer, contact the Finger Lakes Workforce Investment Board, 41 Lewis Street, Suite 104, Geneva, New York 14456. The telephone number is (315) 789 - 3131.

AFFIRMATIVE ACTION

Workforce Innovation and Opportunity Act participants are entitled to the right of issuing and having resolved complaints relating to matters involving equal opportunity/affirmative action. If you believe you have been discriminated against due to race, color, religion, sex, national origin, age, political affiliation or belief, citizenship or participation in Workforce Innovation and Opportunity Act, you can file a complaint directly to the Director, Civil Rights Center (CRC), U.S. Department of Labor, 200 Constitution Avenue, Room H-4123, Washington D.C. 20210.

Complaints based upon disabilities will be addressed through the Workforce Innovation and Opportunity Act Related Complaints/Grievance Procedure described above. Affirmative Action Complaints must be filed within 180 days of the alleged occurrence.

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**I have been given a copy of the outline entitled "Steps in Resolving Workforce Innovation and Opportunity Act-Related Complaints/Grievances".**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS/TITLE



**YATES COUNTY**  
**Department of Social Services**  
**Workforce Development**  
 417 Liberty Street, Suite 2021  
 Penn Yan, New York 14527  
 Phone: 315-536-5140  
 Fax: 315-531-3456

**Amy D. Miller**  
 Commissioner

**Erica L. Putnam**  
 Director of Services

**Elizabeth Russell-Orr**  
 Director of Income  
 Maintenance and  
 Child Support

**UNIFORM INFORMATION RELEASE FORM**

The Yates County Office of Workforce Development works collaboratively with many other government and non-government agencies in the provision of service. It is often necessary to share information with and/or collect information from these entities in order to best serve you and meet your individual needs. This information will help to support your case and ensure the best possible services are delivered. Information from any of these agencies or from YCWFD is considered confidential. In order for any information to be shared, you must give your written consent. You may be sure that the information requested is only that which is relevant to your case and to the provision of services you are requesting. Once you give your consent, you may withdraw it any time by submitting your written withdrawal of consent. If you withdraw your consent, it will prevent any future or additional information to be shared, but will not affect information that has already been shared.

**The names of participation agencies are:**

- |  |                                 |
|--|---------------------------------|
| Yates County Workforce Development                               | VR Access (VESID)               |
| Yates County Department of Social Services                       | FLACRA                          |
| Yates County Probation Department                                | Crestwood                       |
| Wayne Finger Lakes BOCES   | Rushville Health Center         |
| Penn Yan School District   | Karl Warner Clinic              |
| Dundee Central School District                                   | Keuka Lake Enterprises          |
| Marcus Whitman School District                                   | Lakeview Mental Health Services |
| New York State Parole  | Arc of Yates/Placement Center   |
| Cornell Cooperative Extension                                    | Finger Lakes Community College  |
| Pro-Action of Steuben and Yates Counties                         | Keuka Lake School               |
| Finger Lakes Health/John D. Kelly Behavioral Center              | Family Planning                 |
| Temporary Hiring Agencies (i.e. Remedy, Staffking, Adecco, etc.) | Keuka Housing                   |

Other: \_\_\_\_\_

Other: \_\_\_\_\_

I hereby authorize the above agencies to exchange information, which would assist me in obtaining supportive services necessary to complete employment and training programs and enter unsubsidized employment. I understand that the purpose of this exchange of information is only to allow the arrangement, service, and review of my situation on a continuing basis, for case information with any agency or person at any time by giving written notice to the YCWFD.

I have read the above, or had it read to me, and I understand and agree to the described exchange of information.

\_\_\_\_\_  
**Client Signature**

\_\_\_\_\_  
**Client Name (Print)**

\_\_\_\_\_  
**Date**

**Confidentiality Notice:** This fax/e-mail transmission, with accompanying records, is intended only for the use of the individual or entity to which it is addressed and may contain confidential and/or privileged information belonging to the sender, including individually identifiable health information subject to the privacy and security provisions of HIPAA. This information may be protected by pertinent privilege(s), e.g., attorney-client, doctor-patient, HIPAA etc., which will be enforced to the fullest extent of the law. If you are not the intended recipient, you are hereby notified that any examination, analysis, disclosure, copying, dissemination, distribution, sharing, or use of the information in this transmission is strictly prohibited. If you have received this message and associated documents in error, please notify the sender immediately for instructions. Telephone 315-536-5183. If this message was received by e-mail, please send a reply for instructions and please delete the original message.



# Emergency Contacts

Your Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

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Contact Name \_\_\_\_\_

Phone #s Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Address \_\_\_\_\_

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Circle One: Parent Friend Relative Other

Contact Name \_\_\_\_\_

Phone #s Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Address \_\_\_\_\_

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Circle One: Parent Friend Relative Other

Contact Name \_\_\_\_\_

Phone #s Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Address \_\_\_\_\_

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Circle One: Parent Friend Relative Other

# Yates County Workforce Development

## WIOA Youth Program

### PHOTO RELEASE FORM

I, \_\_\_\_\_, authorize the Finger Lakes Works-Yates County to record and use still photographs, video recordings and audio recordings of me for the Youth Employment Program.

Finger Lakes Works-Yates hereby has the right to use my name and county that I live in, and to use and modify photographs and any recordings of me for promotional purposes. I understand that I may be a part of promotional content in presentations, on the World Wide Web, on television, in brochures, and other mediums and that I may not receive monetary compensation.

The photographers, producers, county employees, Finger Lakes Works, and others involved in authorized productions are not liable for any issues of claims arising from use.

_____	_____ / ____ / ____
Name (print)	Signature Date
_____	_____ / ____ / ____
Parent/Guardian name (print) if under 18	Signature Date

### FIELD TRIP / TRANSPORTATION PERMISSION SLIP

In order that the following youth, \_\_\_\_\_, may receive the employment and educational benefits derived from the attendance on all field trips, I hereby consent to his/her attendance under such conditions as may be prescribed by the program.

I understand that if the place to be visited is beyond walking distance, the youth will be transported by a staff member of the program or public transportation.

I give permission for my son/daughter/ward to be transported in a motor vehicle by a Finger Lakes Works-Yates Program staff member to Workshops, Orientations, Interviews and Other Program related appointments as necessary. My signature below authorizes the youth to participate in all field trips and be transported to and from these events.

_____	_____	_____ / ____ / ____
Parent/Guardian (print)	Signature	Date

# Finger Lakes Works

## Basic Skills Assessment Form



Workforce Opportunities • Workplace Solutions

### CONFIDENTIAL

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

County of Residence: \_\_\_\_\_ School District: \_\_\_\_\_

#### TO BE COMPLETED BY PARENT/GUARDIAN UNLESS OVER 18 YEARS OLD

I, \_\_\_\_\_, authorize the school district noted above to provide the information that is being requested to the Yates County Office of Workforce Development.

\_\_\_\_\_  
Signature (Parent/Guardian if under 18)

\_\_\_\_\_  
Date

The above office is granted permission to receive the following items:

- Report Cards
- IEP Plans
- Training Facility Records such as
- Progress and Attendance Records
- Psychological Evaluations
- Vocational Education Programs

### TO BE COMPLETED BY SCHOOL DISTRICT OFFICE ONLY

1. What is the highest grade level completed? Grade \_\_\_\_\_
2. Based on standardized test scores, what was/is the youth's grade level in:  
Reading \_\_\_\_\_ Math \_\_\_\_\_
3. Was/is the youth classified by the Committee for Special Education?  
YES NO If yes, what was the classification: \_\_\_\_\_
4. Was/is the youth enrolled in a remediation program(s) during the last school year?  
YES NO If yes, which program(s): \_\_\_\_\_
5. What is the last day attended: \_\_\_\_\_
6. Other comments: \_\_\_\_\_

COMPLETED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

Return to appropriate location:

Ontario County Workforce Development, 3010 County Complex Drive, Canandaigua, NY 14424

Seneca County Workforce Development, 1 DiPronio Drive, Waterloo, NY 13165

Wayne County Workforce Development, 1519 Nye Road, Lyons, NY 14489

Yates County Workforce Development, 417 Liberty Street, Penn Yan, NY 14527

# WIOA WORK EXPERIENCE SURVEY

Name: \_\_\_\_\_

1. In what towns/villages can you work? \_\_\_\_\_
2. Do you have a driver's license? \_\_\_\_\_ If NO, do you have a permit? \_\_\_\_\_
3. How will you get to work? (Circle) Walk Drive Family will drive Other \_\_\_\_\_
4. Do you have any plans or commitments (Such as counseling, probation, court, etc.) that prevent you from working or limit your availability to work at certain times?

NO YES: Days/time \_\_\_\_\_

5. Do you have any health problems that will limit your ability to perform certain jobs? Yes NO  
If yes, please explain: \_\_\_\_\_

6. What is it you see yourself doing to support you and/or your family? \_\_\_\_\_

7. Please indicate the type of work you would like to do. Check at least 2!

<input type="checkbox"/> Construction	<input type="checkbox"/> Food Service	<input type="checkbox"/> Work with Children
<input type="checkbox"/> Landscaping	<input type="checkbox"/> Retail/Customer Service	<input type="checkbox"/> Highway Department
<input type="checkbox"/> Factory	<input type="checkbox"/> Housekeeping/Laundry	<input type="checkbox"/> Other- Please list below:
<input type="checkbox"/> Building Maintenance	<input type="checkbox"/> Child Care	
<input type="checkbox"/> Farm Work	<input type="checkbox"/> Nursing Home/Elderly	
<input type="checkbox"/> Office/Clerical	<input type="checkbox"/> Work with Animals	
<input type="checkbox"/> Custodial/Janitorial	<input type="checkbox"/> Computers/Technology	

8. Do you have any vocational training? (Such as through BOCES, Job Corp, etc.) \_\_\_\_\_ If yes, explain: \_\_\_\_\_

9. Please tell us what you like to do in your non-work time: \_\_\_\_\_

10. List any experience (Paid, Unpaid, Volunteer) that you have:

\_\_\_\_\_

11. Technology Skills:  Microsoft Office  Social Media  Internet Searches  Prezi

12. Why do you want to work? \_\_\_\_\_

\_\_\_\_\_

**Yates County Workforce Development**

**WIOA Youth Program**

## Youth Program Addendum

1. If you are currently attending any type of school or classes, **including GED/HSE**, please complete the following:

Name/Location of School \_\_\_\_\_

Name of Guidance Counselor or Instructor: \_\_\_\_\_

2. Were you ever involved in the criminal justice system including PINS, Probation or Pre-Trial Diversion or convicted of a crime?  No  Yes (Please circle which one you were/are involved with)

3. Are you currently or have you previously received treatment/counseling for alcohol or substance abuse?  
 No  Yes

4. Are you currently or have you previously been in foster care?  No  Yes

5. Are you currently homeless?  No  Yes

6. Are you disabled?  No  Yes  Not disclosing

7. Are you pregnant or a custodial or non-custodial parent?  No  Yes

8. Family Size: Please list ALL members of your (the applicant's) family who receive at least 50% of their support from the family household for any time during the preceding 26 weeks. Applicants who provide more than 50% of their own support and have no dependents in the family will be noted as a family of one.

*Definition of family: Two or more persons related by blood, marriage, or decree of court, who are living in a single residence are included in one or more of the following categories: a) Husband, wife and dependent children or b) A husband and wife or c) A parent or guardian and dependent children.*

NAME                                      AGE                                      Relationship                                      # of weeks have resided w/family in last 26 wks

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9. Does your household receive:  Food Stamps/SNAP  Cash Assistance  HEAP  SSI  WIC  Medicaid

10. Family Income: List Wage information for all family members, including yourself, for the last 26 weeks. Please include child support paid or received and the frequency at which it is received (weekly, biweekly, monthly)

<u>Member Employed</u>	<u>Relationship</u>	<u>Employer/address</u>	<u>Dates</u>	<u>Total Gross Wages (before taxes) in the previous 6 months</u>
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_____ Signature and Date	Total Gross Wages: _____
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