

YOUTHWORKS SUMMER JOBS REGISTRATION

INDIVIDUAL SERVICE STRATEGY

Baltimore City Residents Ages 22 – 24

PART 1: APPLICANT INFORMATION (PLEASE PRINT)

Name: _____ SS#: _____
(Last) (First) (MI)

Address: _____ Zip: _____

Home Telephone Number () _____ Emergency Phone #: _____

Cell Phone Number () _____ E-mail: _____

Education Status: _____ Post Secondary _____ Adult Ed Classes

High School Diploma/GED: ___ Yes ___ No If yes, Year of Graduation: _____

School Name: _____

Birthdate: ___/___/___ Do you have a disability: _____

If yes describe: _____

Citizenship (check one): US Citizen:___ Non-Citizen:___ Eligible Non-Citizen:___

For Males 18 and older: Are you registered with Selective Service? Yes___ No___

List previous volunteer/work experience:

INDIVIDUAL SERVICE STRATEGY

PART 2: APPLICANT JOB STRATEGY

SECTION I:

Note: Job selection is based on availability and is not guaranteed.

In what areas do you have work experience? (for example: clerical, food prep, health, recreation, environmental, etc.)

Are you willing to work Outdoors: ___ Yes ___ No If no please explain:

SECTION II:

List any of the skills that you have acquired:

Typing: _____ (wpm) Clerical: _____

Office Machinery (you can operate):

Fax _____ Calculator _____ Computer _____ Photocopier _____

Computer Skills:

Microsoft Word ___ Excel ___ Access ___ Power Point ___ Other programs _____

Do you have access to a computer? Yes ___ No ___

SECTION III

If worksites in your zip code area have no openings, would you be prepared to travel to another part of the city for a job? (Transportation is not provided) Yes ___ No ___

PART 3: APPLICANT SIGNATURE

I certify that all of the above information I have provided is true and correct to the best of my knowledge. I understand this information may be verified and that false information will be grounds for youth to be terminated from his/her job or program. Possible legal action can ensue if the youth is placed in a government funded job. I grant permission for him/her to receive medical services arranged by Baltimore City for a work related injury. I grant permission for the Mayor's Office of Employment Development to use my image and/or voice in any and all forms of electronic or print for purposes that promote MOED, YouthWorks, and/or the City of Baltimore.

Applicant Signature: _____ Date: _____

YOUTHWORKS 2009

YOU ARE SCHEDULED FOR REGISTRATION AND INTERVIEW FOR A SUMMER JOB

LOCATION: 101 West 24th Street
Baltimore, Maryland 21218

DATE: **Week of May 25 thru June 5, 2009**

YOU **MUST BRING** THIS APPLICATION AND **COPIES** OF THE FOLLOWING DOCUMENTS:

- **SOCIAL SECURITY CARD**
- **PHOTO ID** (MARYLAND ID)
- **BIRTH CERTIFICATE**
- **MALES 18 AND OLDER / SELECTIVE SERVICE CARD**
- **CURRENT TCA GRANT**
- **MUST BE BALTIMORE CITY RESIDENT**
- **PAY STUB**
- **RESUME**

**APPLICATIONS MUST BE RETURNED BY MAY 22, 2009.
YOU WILL BE NOTIFIED OF YOUR INTERVIEW DATE AND TIME
BY PHONE.**

**NOTIFY US IMMEDIATELY OF ANY ADDRESS/TELEPHONE
NUMBER CHANGES**

**WIA SUMMER YOUTH ELIGIBILITY DETERMINATION
QUICK REFERENCE**

SECTION 1 – DEMOGRAPHICS					
Last Name *		First Name *		Middle Initial *	Social Security Number *
Program (Funding Stream)		Application Date		Age *	Date of Birth *
Eligibility Determination Date		Participant Date		Staff Determining Eligibility	
SECTION 2 – Please Circle the Appropriate Response					
Disability: Yes No If Yes, does your disability result in a substantial barrier to employment? Yes No					
Citizenship: Yes No If not an US citizen, are you authorized to work in the US? Yes No					
Selective Service Status: Not Applicable Registered				Highest Grade Completed: _____	
Education Status at time of Registration: College Grad High School Grad Dropout Student					
Initial Reading Level: <u>NA</u> Initial Math Level: <u>NA</u>				Test Type: TABE Other: <u>NA</u>	
SECTION 3 – ELIGIBILITY DETERMINATION					
Determination of Income			Compare annualized family income and family size to the Income Guidelines to determine low income		
	YES	NO	Family Size (Blood relatives living in the household as a.) husband, wife and dependent child; b.) guardian and dependent child; c.) husband and wife)		
Receives Cash Public Assistance (TANF)					
Family/Self Receives Food Stamps			6 months income for all family members		\$
Low income determined by YTD family annualized income			Multiply by 2 to annualize income		X 2
Homeless at time of registration			Annualized Family Income		\$
Under Foster Care at time of registration			Meets Income Criteria	YES	NO
Disabled at time of registration *					
* Disabled youth may be considered a family of one but personal income must meet federal guidelines			Low Income youth must have at least one barrier from Table B to be determined eligible for WIA		
SECTION 4 – BARRIER					
Five percent (5%) of youth who are not determined to be low income may participate if they meet at least one barrier from Table A			All youth must possess at least one barrier from Table B to be determined eligible for WIA Youth Services		
TABLE A		YES	NO	TABLE B	
				YES	NO
Achieving below grade level				Basic Skills Deficient	NA NA
Basic Skills Deficient				School Dropout	
Disabled Youth				Foster Child	
School Dropout				Homeless	
Homeless				Offender	
Locally Defined Barrier				Pregnant or Parenting Teen	
Offender				Runaway	
Pregnant or Parenting Teen				Needs additional assistance to complete an education program or secure and maintain employment	
Runaway					

*** TO BE COMPLETED BY APPLICANT FOR THIS SECTION. LEAVE OTHERS BLANK.**