

# 2011 SYEP2 YOUTH APPLICATION

## DUE FRIDAY, JUNE 10, 2011 BY 4PM

COMPLETE APPLICATION IN BLUE OR BLACK INK ONLY

APPLICATION DATE: \_\_\_\_\_

UNIVERSAL ACCESS ONLY: **NO**

### PERSONAL INFORMATION

1. NAME \_\_\_\_\_  

LAST
FIRST
MIDDLE
2. RESIDENTIAL ADDRESS \_\_\_\_\_  

APT. #
CITY, STATE
ZIP CODE
- MAILING ADDRESS (IF DIFFERENT) \_\_\_\_\_  

APT. #
CITY, STATE
ZIP CODE
3. HOME PHONE NUMBER ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_ - \_\_\_\_ CELL/MESSAGE PHONE NUMBER ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_ - \_\_\_\_
4. EMAIL ADDRESS \_\_\_\_\_
5. SOCIAL SECURITY NUMBER \_\_\_\_ - \_\_\_\_ - \_\_\_\_
6. GENDER     FEMALE     MALE
7. DATE OF BIRTH (MONTH/DATE/YEAR) \_\_\_\_ / \_\_\_\_ / \_\_\_\_
8. ARE YOU A U.S. CITIZEN?             YES     NO
- IF NO, ARE YOU ELIGIBLE TO WORK IN THE U.S.?     NO     YES    ALIEN DOC NO. \_\_\_\_\_

### ETHNICITY AND LANGUAGES SPOKEN

9. ETHNICITY (SELECT UP TO THREE)
 

<input type="checkbox"/> ASIAN INDIAN	<input type="checkbox"/> HAWAIIAN	<input type="checkbox"/> VIETNAMESE	<input type="checkbox"/> AMERICAN INDIAN/ALASKAN NATIVE
<input type="checkbox"/> CAMBODIAN	<input type="checkbox"/> JAPANESE	<input type="checkbox"/> OTHER PACIFIC ISLANDER	<input type="checkbox"/> WHITE – NOT HISPANIC
<input type="checkbox"/> CHINESE	<input type="checkbox"/> KOREAN	<input type="checkbox"/> OTHER ASIAN	
<input type="checkbox"/> FILIPINO	<input type="checkbox"/> LAOTIAN	<input type="checkbox"/> BLACK – NOT HISPANIC	
<input type="checkbox"/> GUAMANIAN	<input type="checkbox"/> SAMOAN	<input type="checkbox"/> HISPANIC	
10. PRIMARY LANGUAGE SPOKEN AT HOME (SELECT ONLY ONE)
 

<input type="checkbox"/> ENGLISH	<input type="checkbox"/> CANTONESE	<input type="checkbox"/> TAGALOG	<input type="checkbox"/> JAPANESE
<input type="checkbox"/> SPANISH	<input type="checkbox"/> MANDARIN	<input type="checkbox"/> ASL	<input type="checkbox"/> KOREAN
<input type="checkbox"/> RUSSIAN	<input type="checkbox"/> ARABIC	<input type="checkbox"/> VIETNAMESE	<input type="checkbox"/> OTHER: _____

## ADDITIONAL INFORMATION

11. ARE YOU REGISTERED WITH THE SELECTIVE SERVICE?  NO  YES  NOT REQUIRED

12. DO ANY OF THE FOLLOWING APPLY TO YOU? (CHECK ALL THAT APPLY)

- |  |  |
|--|--|
| <input type="checkbox"/> DISABLED – MAJOR            | <input type="checkbox"/> EXHAUSTED UNEMPLOYMENT  |
| <input type="checkbox"/> DISABLED – SUBSTANTIAL      | <input type="checkbox"/> VETERAN, GREATER THAN 180 DAYS  |
| <input type="checkbox"/> LIMITED ENGLISH PROFICIENCY | <input type="checkbox"/> VETERAN, LESS THAN 180 DAYS   |
| <input type="checkbox"/> SUBSTANCE ABUSE             | <input type="checkbox"/> SPOUSE OF QUALIFYING VETERAN  |
| <input type="checkbox"/> INVOLVED IN JUSTICE SYSTEM  | <input type="checkbox"/> DEFICIENT IN BASIC LITERACY SKILLS  |
| <input type="checkbox"/> PREGNANT/PARENTING YOUTH    | <input type="checkbox"/> HIGH SCHOOL DROPOUT   |
| <input type="checkbox"/> HOMELESS OR RUNAWAY         | <input type="checkbox"/> ENROLLED IN SPECIAL EDUCATION   |
| <input type="checkbox"/> FOSTER CHILD                | <input type="checkbox"/> STUDENT WITH LESS THAN "C" AVERAGE  |
| <input type="checkbox"/> RECEIVING FAMILY TANF       | <input type="checkbox"/> TRUANT  |
| <input type="checkbox"/> RECEIVING FAMILY GA         | <input type="checkbox"/> NON-CUSTODIAL PARENT  |
| <input type="checkbox"/> RECEIVING FAMILY SSI        | <input type="checkbox"/> RESIDENT OF A TARGETED EMPLOYMENT AREA  |
| <input type="checkbox"/> RECEIVING FOOD STAMPS       | <input type="checkbox"/> RESIDENT OF PUBLIC OR SECTION 8 HOUSING   |
| <input type="checkbox"/> ELIGIBLE FOR FOOD STAMPS    | <input type="checkbox"/> EMANCIPATED OR FORMER FOSTER YOUTH  |
| <input type="checkbox"/> TANF EXHAUSTEE              | <input type="checkbox"/> I AM 19 YEARS OR OLDER AND HAVE NOT HELD A JOB FOR MORE THAN 13 WEEKS IN THE LAST 12 MONTHS |
| <input type="checkbox"/> RECEIVING UNEMPLOYMENT      |  |

13. ARE YOU CURRENTLY PARTICIPATING IN ANY OTHER PROGRAMS? (PLEASE LIST PROGRAMS) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## EDUCATION

14. DID YOU RECEIVE A HIGH SCHOOL DIPLOMA OR A GED?  YES  NO

15. ARE YOU CURRENTLY IN SCHOOL?  YES  NO

IF YES, WHAT SCHOOL DO YOU CURRENTLY ATTEND AND CURRENT GRADE LEVEL? \_\_\_\_\_  
NAME OF SCHOOL CURRENT GRADE/YEAR

## FAMILY AND INCOME INFORMATION

16. WHAT IS YOUR CURRENT LIVING SITUATION?

- FAMILY  FOSTER HOME  GROUP HOME  HOMELESS

DO YOU LIVE WITH YOUR PARENTS?  YES  NO  
IF YES, DO YOUR PARENTS PROVIDE MORE THAN 50% OF YOUR SUPPORT (INCLUDING CASH, FOOD, CLOTHING, HOUSING)?  YES  NO

17. ARE YOU MARRIED?  YES  NO

18. DO YOU HAVE ANY DEPENDENTS (UNDER 18)?  NO  YES # OF DEPENDENTS \_\_\_\_\_

19. NUMBER OF FAMILY MEMBERS LIVING IN YOUR HOUSEHOLD (IMMEDIATE FAMILY MEMBERS): \_\_\_\_\_

PLEASE LIST ALL IMMEDIATE FAMILY MEMBERS LIVING WITH YOU:

NAME	RELATIONSHIP	AGE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

20. FAMILY INCOME (PRIOR 6 MONTHS, BASED ON ALL IMMEDIATE FAMILY MEMBERS YOU LIVE WITH): \$ \_\_\_\_\_ .00

**WORK EXPERIENCE**

21. RECENT WORK EXPERIENCE:

COMPANY NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
JOB TITLE AND DUTIES \_\_\_\_\_  
BEGINNING DATE AND ENDING DATE \_\_\_\_\_

COMPANY NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
JOB TITLE AND DUTIES \_\_\_\_\_  
BEGINNING DATE AND ENDING DATE \_\_\_\_\_

22. HOW MANY WEEKS IN THE LAST 6 MONTHS HAVE YOU NOT WORKED? \_\_\_\_\_

PLEASE TELL US ABOUT SOME OF YOUR SKILLS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WHAT ARE YOUR CAREER INTERESTS OR WHAT KIND OF JOBS WOULD YOU LIKE TO HAVE? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPLICANT SIGNATURE**

*I understand that the information on this form has been provided to the San Francisco Office of Economic and Workforce Development (OEWD) in order to make the most appropriate employment-related services available to me. San Francisco OEWD has my approval to share this information only with the agencies providing services through or operating the San Francisco OEWD.*

**X** \_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_ DATE

**X** \_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE IF APPLICANT IS UNDER 18

\_\_\_\_\_ DATE

