



Employment Resources Incorporated Youth Eligibility Application

Complete Application in Black Ink

Program Applying for: Summer Youth Employment Youthbuild Workforce Training and Placement

Last Name	First Name	Middle Name
Social Security Number	Date of Birth (month/date/year)	Age <input type="checkbox"/> Male <input type="checkbox"/> Female

If you are a Male 18 years of older, have you registered with Selective Service? Yes No

Ethnicity <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native Hawaiian/Pacific Islander	Citizenship Status <input type="checkbox"/> United States Citizen <input type="checkbox"/> Non-citizen, legal to work <input type="checkbox"/> Other <hr/> Military Status <input type="checkbox"/> Non-veteran <input type="checkbox"/> Veteran	Employment Status <input type="checkbox"/> Employed <input type="checkbox"/> Not Employed <hr/> Unemployment Insurance <input type="checkbox"/> Receiving Benefits <input type="checkbox"/> Exhausted Benefits <input type="checkbox"/> Not receiving Benefits
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Home Address

Street _____ City _____ State _____ Zip _____

Mailing Address, if Different

Street (PO BOX) _____ City _____ State _____ Zip _____

Phone Number: Home () _____ Cell () _____
 email address: _____ Message Number: () _____

Do you have a High School Diploma? Yes Date Received _____
 No - What is the highest grade level you have completed? _____

If you do NOT have a HS Diploma, do you have a GED? Yes No

Are you currently attending middle or high school, alternative education or college? Yes No

Name of School You Are Attending: _____

Please check all of the following that apply to you:

- School Dropout Disability Pregnant or a Parent Homeless Runaway Truant
 Drug/Alcohol Treatment Limited English Involved with Juvenile Justice Foster Child

**Eligibility for Federally Funded programs is determined by the following information:
 Include Completed Release of Information and other required documentation with your application**

How many people related to you live with you in your household? (include yourself) _____ How many children do you have that live with you? _____	List Family members living with you: _____ _____ _____	If you add everyone's income for the past six months, what is it? \$ _____
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Is anyone in your family receiving any of the following Public Assistance Services?

- Food Stamps TANF GA Grant, RA Grant, or Supplemental Security Income (SSI) Public Housing

List the type & amount of income you & your family who live with you have earned in the last 6 months (these people MUST be listed on the attached Release of Information:

Name of Person	Relationship to You	Type of Income (i.e. wages from a job, unemployment, food stamps, child support...)	Amount before Taxes

I authorize the exchange of information and records, including school, special education IEP, employment and medical records. By signing here, I give permission for ERI to use my Social Security Number to obtain necessary records to determine my eligibility.

SIGN HERE: _____ **DATE:** _____ Youth Eligibility Application Page 2

Have you worked in the last 6 months: Yes No *If yes, please list all jobs you have had (most recent first)*

Employer's Name: _____ Job Title: _____
 Address: _____ Phone: _____
 Your Duties: _____
 Start Date (month/year): _____ End Date (month/year): _____ Hourly Wage : _____ Hours/Week: _____
 Reason for Leaving: _____

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 Reason for Leaving: _____

Do you have the following: DMV Identification Card <input type="checkbox"/> Yes <input type="checkbox"/> No Driver's License <input type="checkbox"/> Yes <input type="checkbox"/> No Social Security Card <input type="checkbox"/> Yes <input type="checkbox"/> No Birth Certificate <input type="checkbox"/> Yes <input type="checkbox"/> No Transportation <input type="checkbox"/> Yes <input type="checkbox"/> No Childcare <input type="checkbox"/> Yes <input type="checkbox"/> No	If you answered <i>NO</i> to any of these questions, please explain:
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I certify that the information contained in this application is true to the best of my knowledge. I know that this information will be reviewed and verified and I agree to supply documents to support this application. I am aware that if I am found ineligible after enrollment I will not be allowed to continue in this program and may be held responsible for reimbursing Employment Resources Incorporated for the cost of the services that I received. I authorize Employment Resources Incorporated to share this information as necessary in order to determine my eligibility for the program and to assist me in completing my education and gaining employment. I authorize the exchange of information and records, including school, special education IEP, employment and medical records. By signing below, I acknowledge that by applying for services, I am giving permission for Employment Resources Incorporated to use my Social Security Number and related records in accordance with its policies.

X
 Applicant Signature: _____ Date: _____

X
 Parent Signature: _____ Date: _____
 (if applicant is under age 18)

Return Completed Application and Release of Information along with copies of your birth certificate, social security card, DMV identification card or driver's license, pay stubs for the past six months (along with your family member's pay stubs) to:

Employment Resources Incorporated

PO Box 801 Fredericksburg, VA 22404
 Fax: (540) 373-1791
 Phone for Information: (540) 372-6710

- OR -

PO Box 481 Montross, VA 22520
 Fax: (804) 493-1272
 Phone: (804) 493-1200

**Employment Resources Incorporated
CONTACT INFORMATION FOR RELEASE OF INFORMATION FORM**

I, (Print & Sign YOUR NAME) _____, authorize Employment Resources Incorporated (ERI) to obtain the following information in order to determine my eligibility for the Workforce Investment Act (WIA) or Youthbuild Program. _____(DATE)

Applicant Information Needed for Past 6 Months

Covering Last Six Months	Name of School, Facility or Employer	Mailing Address	Phone AND Fax Number
School Records (last school attended)			Phone Fax
Wage and dates of Employment			Phone Fax
Wage and Dates of Employment			Phone Fax
Counseling – mental health/substance abuse			Phone Fax
Probation/Parole Status			Phone Fax
Public Assistance			Phone Fax
Social Security			Phone Fax

Include ALL Family Members Living In Your Household - Information Needed for Past 6 Months

	Name of Employer or Agency	Mailing Address	Signature of Family Member
Wage and dates of Employment			
Wage and dates of Employment			
Wage and Dates of Employment			
Wage and Dates of Employment			
Public Assistance			
Social Security			

