

**APPLICATION FOR AGES 16 - 29**

Please print clearly using blue or black ink | Please use your legal name.

| GENERAL INFORMATION | | | | |
|---|--------------------|--|---|---|
| Last Name | | First Name | | Middle Initial <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Street Address | | City | Zip Code | Date of Birth (MM/DD/YYYY) |
| Home Phone | Cell Phone | Email | | Social Security # |
| Secondary Contact Name | | Relationship to You | | Phone |
| Are you authorized to work in the U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | PRIMARY LANGUAGE SPOKEN AT HOME: _____ | |
| Please select your ethnicity Please select only one | | | | |
| <input type="checkbox"/> Asian / Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> White / Caucasian <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Other (including multiple ethnicities) | | | | |
| Are you or your family currently receiving CalFresh (Food Stamp) benefits? <input type="checkbox"/> YES <input type="checkbox"/> NO | | Do you Qualify for free & reduced lunch? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A | Are you pregnant or do you have any children? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| English Skills Reading/Writing Limited: <input type="checkbox"/> YES <input type="checkbox"/> NO | | Are you homeless or at risk of being homeless? <input type="checkbox"/> YES <input type="checkbox"/> NO | Are you now or have you been a part of the Foster Care System? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Are you or have you taken a career pathway course? <input type="checkbox"/> YES <input type="checkbox"/> NO | | If, NO would you like to learn more about career pathway programs offered in your high school? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A | Have you ever been convicted of a criminal Offence in a court of law? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| EDUCATION | | | | |
| Are you currently attending school? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |
| Most recently attended school: | | Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No | (Expected) Graduation Year: | |
| EMPLOYMENT / VOLUNTEER HISTORY: Begin with your current or most recent position | | | | |
| From (Date) | Employer | | Job Title | Pay Rate |
| To (Date) | City | State | Supervisor's Name | Supervisor's Phone |
| Length of Employment | Reason for Leaving | | | |
| Hours per Week | Job Duties | | | |
| From (Date) | Employer | | Job Title | Pay Rate |
| To (Date) | City | State | Supervisor's Name | Supervisor's Phone |
| Length of Employment | Reason for Leaving | | | |
| Hours per Week | Job Duties | | | |
| How did you hear about this program? | | | | |

I certify that the statements made herein are true and correct to the best of my knowledge.

Signature of Applicant_____
Date_____
Parent or Guardian Signature if Under 18 Years of Age_____
Date: