



**Community Action
Partnership of Greater
St. Joseph**
Missouri Career Center
Employment & Training
301 South 7th Street
St. Joseph, Mo 64501
Phone: 816.387.9675
www.endpov.com

Applicant Name _____

Thank you for applying for the 2009 Next-Generation Jobs Team Program! We are looking forward to a rewarding summer of training, education, and paid work experience. Positions are limited, and since there are not enough positions for every applicant, selection will involve a competitive entrance process.

Please take the time to fill out your application completely, accurately, and neatly. Be sure to put some thought into your answers and be honest about any barriers you may have. These may help you qualify for the program. Your application will not be considered if these guidelines are not followed.

Completed applications **and resumes** are to be delivered to: Missouri Career Center Employment and Training, 301 S. 7th Street, St. Joseph MO 64501.

Applications must have original signatures; faxes will not be accepted.

You will be required to provide the following eligibility information:

- Proof of identity/picture ID
- Proof of barrier
 - school dropout / at risk for dropping out
 - homeless/runaway/foster child
 - law offender
 - disability
 - parenting/pregnant
 - basic skills deficient
 - lack of or poor work experience
 - fired or terminated
 - acting as Head of Household
 - not eligible for Pell grant assistance
- Proof that household income for the *last six months* falls within these guidelines*

***HOUSEHOLD INCOME: Earned Income** (excluding SSI, TANF, VA, Child Support or Unemployment)

- \$ 0 – \$10,400
 \$ 10,401 – \$14,000
 \$14,001 – \$17,600
 \$17,601 – \$21,200
 \$22,201 – \$24,800
 \$24,801 – \$28,400
 \$28,401 – \$32,000
 \$32,001 – \$35,600
 \$35,601 +

Applications will be considered as they are received. Select applicants will be invited to interviews after reviewing application. If you are invited and scheduled for an interview, it is important that you attend. Candidates who do not show up for scheduled interviews will be moved to the end of the applicant list and will be reassessed after all applicants.

The work experience program may begin May 1st.

For up to date information on deadlines and other program information, please visit our website at www.endpov.com



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Date _____ **2009 Next Generations Jobs Team Application**

Youth Information	Name: _____			Income restricted <input type="checkbox"/>				
	Last Name _____ First Name _____ Middle Name _____			Income unrestricted <input type="checkbox"/>				
	Address _____			City _____	State _____	Zip _____		
	Phone Number _____		Alternate phone number _____		Email _____			
	Date of Birth _____		Gender _____		Social Security Number - -			
	Have you ever participated in a WIA Program? Yes <input type="checkbox"/> When? _____ No <input type="checkbox"/>			Have you ever been in the military? Yes <input type="checkbox"/> No <input type="checkbox"/>				
	Citizenship (check one) U.S. Citizen <input type="checkbox"/> Registered Alien <input type="checkbox"/> Refugee <input type="checkbox"/> Other Legal Alien <input type="checkbox"/> Other Status <input type="checkbox"/>		Selective Service Registration Not Registered <input type="checkbox"/> Registered <input type="checkbox"/> Exempt <input type="checkbox"/>		Family Status Are you a single parent <input type="checkbox"/> Are you a parent in 2-parent family <input type="checkbox"/> Are you pregnant <input type="checkbox"/> Family Member, not parent <input type="checkbox"/> Independent <input type="checkbox"/>		Employment Status Employed <input type="checkbox"/> Not Employed <input type="checkbox"/>	

Please indicate below the days and times you are available to work

<input type="checkbox"/> Sunday	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday
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School and Training

Education Status: Student, High School or less <input type="checkbox"/> You are attending school or are between terms and intend to return to school next term Student, Post High School <input type="checkbox"/> You are a high school graduate or equivalent attending post-secondary education or are between terms and intend to return next term Out-of-school, High School Dropout <input type="checkbox"/> Out-of-school, High School Graduate <input type="checkbox"/>	Highest Grade Completed: Current/Last School Attended: Do you have a High School Diploma or GED?
Do you have an IEP? <input type="checkbox"/>	
Have you ever attended special classes or received extra help in school when you had a hard time with a subject?	
Degrees/Certificates/Special Recognitions:	
Have you had any Vocational Training:	
What subjects did/do you enjoy in school?	
Are there any subjects you avoided in school?	
Computer Skill Level: Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced <input type="checkbox"/> Expert <input type="checkbox"/>	

Employment History

Work Readiness	Most Recent Employer: None <input type="checkbox"/>	Skills Learned _____
	Job Title:	_____
	Salary Earned ____per ____	_____
	Dates of Employment _____to _____ Start Date End Date	Reason for Leaving _____
	Most Recent Employer: None <input type="checkbox"/>	Skills Learned _____
	Job Title:	_____
	Salary Earned ____per ____	_____
	Dates of Employment _____to _____ Start Date End Date	Reason For Leaving _____
	What type of job interests you?	
	What kinds of things get in the way of your employment goals?	
What kinds of things do you like to do in your spare time?		
Positions can involve lifting of up to 50 lbs. and working in all types of weather conditions. Will this be a problem for you? <input type="checkbox"/> Yes please explain _____ <input type="checkbox"/> No		

Tell us a little about yourself

Personal Life/Social Situation	Do you have a place to stay every night?	Have you ever been arrested? Have you ever been adjudicated or convicted?
	What is your primary language?	
	Are you a parent / pregnant?	
	Do you or the people you currently live with receive any of the following types of public assistance? TANF – Temporary Assistance to Needy Families <input type="checkbox"/> Food Stamps <input type="checkbox"/>	
	_____ _____	
	Transportation Options: <input type="checkbox"/> Bus <input type="checkbox"/> Car <input type="checkbox"/> Ride from others	
	Housing Situation: Foster Care <input type="checkbox"/> Homeless <input type="checkbox"/> Stable Housing <input type="checkbox"/> Living with _____	
	Do you have a disability?	

1. What do you hope to get out of a placement as part of the Summer Youth Employment Program?

2. Why should you be selected to be part of the Summer Youth Employment Program?

I certify the information provided in this application is true and correct to the best of my knowledge. I am aware this information is subject to review and verification, and that I may be required to provide additional information and documentation to receive some services. I am also aware that I am subject to immediate termination from any program(s) if I am found ineligible after enrollment and that I a may be prosecuted for fraud and/or perjury if the information I have provided is false. I authorize the release of information contained in this application for purposes of verifying my eligibility for services and I understand this information will not be released for any other purpose without my permission. I have been informed of the appeals process that I can follow if I disagree with a WIA service provider's decision(s) based on information contained in this application. I understand that after I leave the program, I will be contacted by telephone and/or mail to answer survey questions regarding my employment status and earnings since leaving the program for a period of one year. I am aware that my answers to these questions will remain strictly confidential and will not affect any other benefits that I may be receiving. I have read and understand Title 29 CFR, Part 37, Section 37.30, Equal Opportunity is the Law.

Applicant's Signature	Date:
Parent/Guardian Signature (if under 18)	Date:
Agency Representative Signature	Date