

WORKFORCE Central



Youth Internship Project Application

Applicant's First Name: _____ Last Name: _____

Home Address: _____ City: _____ Zip: _____

Guardian Phone: _____ Students Cell/Phone: _____

Students Email: _____ Guardian Email: _____

School: _____ SS#: _____ Birth Date: _____

LANGUAGE: Is English your primary language? _____

CRIMINAL BACKGROUND: Have you ever been convicted of any offense? _____

Please explain:

SIGNATURE: By signing this application, I declare that all the information is true and complete to the best of my knowledge.

*Student Signature _____ Date: _____

*Required Parent/Guardian's Signature _____ Date: _____

The 2010 Youth Internship Project is a part of Work Source Pierce and its Partners, which are an equal opportunity employer and provider of employment and training services. Auxiliary aids and services are available upon request to persons of disability. **WA Relay Services:** 1-800-833-6384.

JOB INTEREST RANKING: Rank your interest from 1 to 5. (1 most interested 5 least interested)

___Arts & Communication ___Business & Marketing ___Engineering & Technology

___Health & Human Services ___Science & Natural Resources

QUESTIONNAIRE: Complete the following questions using the space provided.

1) Explain your areas of interest and how they relate to your school courses

2) What are your short term educational goals and/or thirteenth year career plans? How will the Youth Internship Project build upon your goals?

3) Please list your top three skills and how they may contribute to your abilities in performing in the Internship Project.

COMPUTER TECHNICAL SKILLS AND EXPERIENCE: What computer programs do you have experience using? Please rate your degree of experience from 1 to 10 with 1 being limited and 10 being an expert. ___Access ___Excel ___Outlook ___Powerpoint___Word ___Other_____
Do you have any other computer hardware or technical skills? If so, please list and explain what your skills and other computer experience has been?

PREVIOUS EXPERIENCE: Please list beginning from most recent. Include any paid work or volunteer activities.

Dates Employed	Company Name	Location	Role/Title

Job notes, tasks performed and reason for leaving:

Dates Employed	Company Name	Location	Role/Title

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Dates Employed	Company Name	Location	Role/Title

Job notes, tasks performed and reason for leaving:

CONFIDENTIAL APPLICANT INFORMATION & DATA COLLECTION

Please answer the following questions below. We will identify if you qualify for additional career services and your eligibility for the "right to work" in the USA. This information is kept strictly confidential.

Name: _____ **Zip:** _____ **School:** _____
Gender: Male/ Female **Birthdate:** ___/___/___ **Age:** _____ **Grade:** _____

ETHNIC ORIGIN: (Please Circle)

Caucasian African American Pacific Islander Hispanic Chinese Japanese
Vietnamese Other Asian Korean Alaskan Native American Indian

FAMILY STATUS: (Please check which box you believe best describes your household)

EXAMPLE: Family of four: Low - (Less than 25,000) Moderate - (up to 60,000) High - (60,000 +)

Low Income Moderate Income High Income Single Parent Head of Household

ADDITIONAL CAREER SERVICES ELIGIBILITY:

- 1) Is your family receiving public assistance or food stamps? Yes No
- 2) Do you have any physical or mental impairments that substantially limits one or more Major life activities, such as walking or learning? Disabilities? Yes No
- 3) Are you currently, or have you ever been in Foster Care? Yes No

(Circle if Applicable) **Disabled** **Limited English** **Foster Care**

Are you currently working with any of the following community based agencies?

Centro Latino Goodwill Steps My Service Mind Youth Tacoma Urban League
 Tacoma Community House Vadis Pathways Other _____

TRANSPORTATION:

Will you be driving or taking the bus to your internship site? Bus Driving

HEALTH:

Some positions require smoke free environments or do not allow smoking on their property. If you smoke cigarettes, are you willing to refrain from smoking during your participation in the program?

Yes No Don't Smoke

COMPLETED BY STAFF

Interview Results: _____ **Service Referral:** _____

OUTCOME RESULTS:

1A _____ **1B** _____ **1A&B** _____
2A _____ **2B** _____ **2A&B** _____

APPLICATION CHECKLIST:

- 1) Copy of Picture ID & (Social Security Card/or Birth Cert.)
- 2) Attached your resume
- 3) Income Verification (Low Income Applicants only)
- 4) Copy of Transcript and Attendance
- 5) Included your signature?
- 6) Printed neatly in pen.

YOUTH INTERNSHIP PROJECT TIMELINE:

March 15th	Applications Due!
April 6th	Orientation Group 1
April 7th	Orientation Group 2
April 8th	Interviewing Tips Group 1 & 2
May	Interviews all month
June 4th	Intern Job Notification
June 18th	Class 8:30am- 12:00pm (Every Friday)
June 21	Internship Begins
August	Reception