

Young Adult Employment and Training Program Application GLWDB/Career Center of Lowell

Name: _____

Last

First

MI

Address: _____

City/Town _____ Zip Code _____

Telephone Number: _____ Cell Phone Number: _____

Email Address: _____ Gender (at time of Birth): _____

Age: _____

Have you worked for the Career Center before? Yes No

Ethnicity: (Choose One)

Hispanic or Latino

Not Hispanic or Latino

Race:

White

Other Pacific Islander

Asian

Other

Black or African American

American Indian

Alaskan Native

Native Hawaiian

IN SCHOOL STATUS:

Youth who are currently attending Junior High or High School (Grades 7 – 12)

Name of school you are presently attending and grade:

Name: _____ Grade: _____

OUT-OF-SCHOOL STATUS

Youth who have graduated from High School, dropped out or are attending post-secondary (i.e. college, technical school etc.)

Name of school you are presently attending or attended and grade:

Name: _____ Grade: _____

FAMILY MEMBERS: (Include **yourself** and all family members who **presently live** with you and are related to you by blood, marriage or decree of court and can be included in one or more of the following categories):

- A. Husband, Wife and Dependent children
- B. A Parent or Guardian and Dependent Children
- C. Brothers and/or Sisters

	Name	Age	Relationship to Applicant
1	Applicant		Self
2			
3			
4			
5			
6			

APPLICANT/PARENT/GUARDIAN CERTIFICATION: I attest that the information on the application is true to the best of my knowledge and that there is no intent to commit fraud. The information on the application will be used to determine eligibility and the information is subject to external verification and may be released for such purposes. I am also aware that I am subject to immediate termination if I am found ineligible after enrollment and may also be subject to criminal prosecution if falsified documentation was provided.

Applicant's Signature	Date	Parent/Guardian Signature (if applicant is under 18)
CC of Lowell Staff Signature	Date	I authorize _____ (Name of School) to release pertinent information to the CCL

In Case of Emergency (list numbers other than your home number).

- 1)
Name: _____ Relationship: _____ Telephone # _____
- 2)
Name: _____ Relationship: _____ Telephone # _____

PERMISSION TO PHOTOGRAPH/EMERGENCY RELEASE

By signing below I grant permission to the Career Center of Lowell/GLWDB to publish the name, photograph and/or information about myself/ daughter's/son's program participation. I also grant permission to perform emergency treatment to myself/daughter/son in case of accident or injury on the job.

Signature of Parent/Guardian (If Under 18)/ Signature of Young Adult (If over 18)

Do you have a Disability? _____

If yes, please provide first and last page of IEP or 504 Plan from school (if applicable) and fill out the Self Attestation form.

Tell us about yourself

Applicant Information

Name: _____ Age: _____ Gender: _____

Address: _____

Employment Information

Have you worked through the Career Center in the past? Yes No If yes, where? _____

Have you worked or volunteered? Yes No If yes, where? _____

Skills & Interests

What skills and interests do you have? (Sports, Art, Music, Debating, Etc.) _____

What type of job would you like to do? (Working with kids, outside, in an office, etc.) _____

Are you interested in Food Systems, Urban Agriculture and Food Justice with Mill City Grows' Food Justice Squad? *Must be able to lift 25+ pounds and work outdoors in varying conditions. Yes No

Transportation & Location

How will you get to a job? Walk Bus Get a ride Other: _____

What areas can you get to for work (if you cannot get to these areas do not check them off):

Acre Belvidere Centralville Downtown
 Highlands Pawtucketville South Lowell Other: _____

Shirts

What size shirt would you need? Small Medium Large XLarge XXLarge