



**Project Self-Sufficiency Summer Youth Employment Program 2024**

***The 2024 Summer Youth Employment Program is open to rising sophomores or juniors who are currently enrolled in high school.***

**STUDENT INTAKE APPLICATION**

How did you hear about our Summer Youth Employment Program?

Newspaper\_\_ Radio\_\_ TV\_\_ Friend\_\_ PSS Counselor\_\_ Other (specify)\_\_\_\_\_

Have you ever participated in the Summer Youth Employment Program before? \_\_\_YES \_\_\_NO  
If yes, designate the year of participation \_\_\_\_\_.

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PARENT'S WORK PHONE: \_\_\_\_\_

ARE YOU A U.S. CITIZEN/LEGAL RESIDENT? YES \_\_\_\_\_ NO \_\_\_\_\_

IF NO, ARE YOU ELIGIBLE TO WORK IN THE US? YES \_\_\_\_\_ NO \_\_\_\_\_

AGE: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

NAME OF HIGH SCHOOL: \_\_\_\_\_ GRADE AS OF 9/1/21: \_\_\_\_\_

RACE/ETHNIC GROUP: (CHECK ONE OR MORE)

\_\_\_ WHITE/NON-HISPANIC

\_\_\_ AMERICAN INDIAN/ALASKAN NATIVE

\_\_\_ AFRICAN AMERICAN

\_\_\_ ASIAN/PACIFIC ISLANDER

\_\_\_ HISPANIC

Have you received the **Covid-19 Vaccine**? Yes \_\_\_ No \_\_\_ (If yes, please complete the following)

First Dose Date: \_\_\_\_\_ Second Dose Date: \_\_\_\_\_

Booster Date: \_\_\_\_\_

Which Vaccine did you receive: \_\_\_\_\_

WERE YOU EMPLOYED IN THE LAST YEAR? YES \_\_\_ NO \_\_\_

If yes, provide employment information:

Job 1 Employer Name: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

Job Title: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Hourly Wage: \_\_\_\_\_ # of Hours per week: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Job 2 Employer Name: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

Job Title: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Hourly Wage: \_\_\_\_\_ # of Hours per week: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**I hereby certify under penalty of perjury that the information provided is true to the best of my knowledge and there is no intent to commit fraud. I attest that the information state above is true and accurate. I am also aware that eligibility is subject to review and verification and participants may be required to document its accuracy. Participants are subject to immediate termination if found ineligible after enrollment.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Interviewer Signature: \_\_\_\_\_ Date: \_\_\_\_\_