

## Work, Learn & Grow

**Participant Application (Youth Ages 16-19)** 

**Applicable to CareerReady and Special Initiative WLG** 









Personal Information	)									
1. Social Security Number (Please be accurate)				2. Last Name			3. First Nam	3. First Name		
4. MI 5. Birth	n Date (MM/DD/YYYY) 6. Sex at Birth Female			Please select your preferred Gender Identity 7. 0  Male U.S. Citizen				Citizenship Status  Permanent Resident Other		
8. Selective Service Registration # & Date- Males 18 years of age mube registered with the Selective Service System to participate in the program (if you have not already registered; visit www.sss.gov)				) (	S # (DOE Students (MM/DD/YYYY)	, <u> </u>	lid you hear abo		Do you l electron	have access to a nic device with accessibility?
10. Street Address				11. A	partment	12.	. Zip Code		any of	ou familiar with f these skills? k all that apply)
13. Do you live in a NYCH  No (If No; Go to ques		elopment? Yes	If Yes	s, Name the	e Development:		14. Boro	ough		
15. Applicant's Ethnicity	17 Other than English, what Language are you most comfortable								table	
18. Applicant's Home Phone # 19. Applicant's Cell Phone #					Please select "Yes" if you would like to receive text updates  Yes No   20. Applicant's Email					
21 Name of Parent or Leg	al Guardian (La	nst Name)	22. First Na	me			3. Emergency Co	ntact Ph	one#	_
Educational Status										_
				se indicate the system you attend:  What school did/do you			o you attend?	u attend? Indicate last grade completed		
Income & Other Infor	mation		_							
27. Total family income (gross) for the last SIX months	28 (A). Number members cur in applicant's	rently living 25	8 (B). Applica ousehold Typ	nt's applic	applicant or cant's family curr ving public assist es No (Skip to	rently Fan	e of Public Assist nily Assistance ety Net/Home ief	S.S.I. Supp	0 lementa	that apply) ther al Nutrition rogram (SNAP)
31. Is the applicant any of  Disabled Justice	the following ( e Involved	Check all that ap	oply) Does No Apply	110	S Preventative rvices	Served in Military		Homeles /Runawa		Parent
Educational and Care	er Detail									
32. School Major					of your summer break? exper		6. Prior work sperience?	long-	What is the applicant's g-term career goal? List ee (3) options:	
Banking Information		City	Outside State	e of NYC	(MM/DD/YYYY)  To (MM/DD/YYYY)		Yes No			
38. Do you have a bank account?	bank accour		deposit?		_ Health	covered by Me Plus,Family Hea medical insura	alth Plus or		ation ab	ike to receive oout insurance
Yes No	Yes	No	Yes	No	_	Yes	No		Yes	No

Certification of Accuracy: I, the undersigned, certify that all information on this form is true and correct. I understand that my statements are subject to verification. I further understand that any false statements may subject me to criminal prosecution under both New York State Penal Laws, section 175.35 and Federal Law, 18 U.S.C.A. 100f., and to civil action for return of all monies received. I agree and accept that I will abide by all applicable rules and regulations of this program.

(MM/DD/YYYY)

(MM/DD/YYYY)

Applicant Signature

Date:

Parent/Guardian Signature

Date:





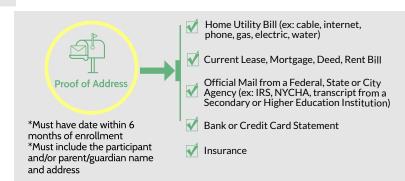
## **Document Checklist: 16-19 Years Old**







participant

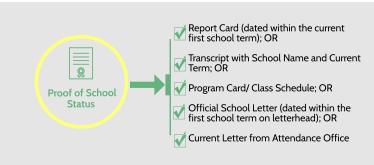












<sup>\*\*\*</sup> You may be asked to provide additional documentations depending on your employment authorization status \*\*\*