



SERVICES APPLICATION FOR AGES 14 - 24

PLEASE READ ALL INFORMATION CAREFULLY

1. Complete every page (front and back) of your application. **Only** completed applications will be considered. **Be sure** your school/agency letter is completed and signed by a school/agency official, and if under the age of 18 your parent or guardian signs pages 4 & 5.
2. **MAIL OR HAND CARRY YOUR APPLICATION TO ONE OF THE FOLLOWING LOCATIONS. ELIGIBILITY INTERVIEWS BEGAN ON APRIL 6, 2009. OUR POLICY REMAINS AS ALWAYS . . . FIRST COME—FIRST SERVED.**

Hand Carry to:

PA CareerLink Lehigh Valley
1601 Union Boulevard
Allentown, PA

PA CareerLink Lehigh Valley
72 N. Second Street
Easton, PA

Mail to:

PA CareerLink Lehigh Valley/Services Application Ages 14-24
PO Box 20490
Lehigh Valley, PA 18002-0490

*If you have any questions, call: 610-437-5627, extension 314.
TTY: 610-821-6760*

3. Your returned application will be pre-screened for eligibility. If you are being considered for services, you will be contacted for an Eligibility Interview. Completing the eligibility interview does not guarantee you services.

High school students must be 14 years old to receive services.

High school graduates, college graduates, GED recipients, high school dropouts and college dropouts under the age of 25 are encouraged to apply and will receive individualized services.

Applicants must meet U.S. Department of Labor and local eligibility.

Benefits may include:

Summer Jobs

Temporary Jobs

Skill Training

Internships

Tutoring

Mentoring

Job Shadowing

Tuition Assistance

GED Preparation

Career Awareness

Community Service Projects

Employability Training



Auxiliary Aids and Services are available upon request to individuals with disabilities.
Equal Opportunity Employer/Program

IMPORTANT

KEEP THIS SHEET FOR YOUR INFORMATION. Mail or hand carry the application to a location listed on the front side of this sheet.

To determine your eligibility for services, your age, residency, citizenship, selective service and gross family income over the last six (6) months (26 weeks) must be verified.

When you receive your letter for an Eligibility Interview appointment, please review and remember to bring one item for each category listed. Please Note: Where two or more items are listed, only one needs to be brought to the interview. The School/Agency Verification Form (Page 5) can be used to verify many of these categories.

<u>CATEGORY</u>	<u>DOCUMENTATION ITEM</u>				
AGE	<i>Bring one of the following:</i> <ul style="list-style-type: none"> • Driver's License • Birth Certificate • Work Permit (Working Papers) • School/Agency Verification Form 				
RESIDENCY <i>(Item must display Applicant's current Name and Address)</i>	<i>Bring one of the following:</i> <ul style="list-style-type: none"> • Driver's License • Utility Bill • Welfare, Food Stamp or Social Security Award Letter • Medical Card • Rent Receipts • School Card or School/Agency Verification Form • Issued or completed Work Permit (Working Papers) 				
CITIZENSHIP	<i>Bring one of the following:</i> <ul style="list-style-type: none"> • Birth Certificate • Alien Card • Other Documentation of Birth from Hospital of Birth 				
GROSS FAMILY INCOME OVER LAST SIX MONTHS (26 WEEKS)	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> If Receiving Food Stamps If Receiving SSI If Employed </td> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> • Food Stamp Award Letter/current Food Stamp Card • SSI Award Letter • Pay Stubs from past 6 months (26 weeks) or • Gross Earnings Statement from Employer for past 6 months </td> </tr> <tr> <td style="vertical-align: top;"> If Receiving Welfare If Unemployed </td> <td style="vertical-align: top;"> <ul style="list-style-type: none"> • Welfare Card/Medical Card • Unemployment Benefit Payment History Screen </td> </tr> </table>	If Receiving Food Stamps If Receiving SSI If Employed	<ul style="list-style-type: none"> • Food Stamp Award Letter/current Food Stamp Card • SSI Award Letter • Pay Stubs from past 6 months (26 weeks) or • Gross Earnings Statement from Employer for past 6 months 	If Receiving Welfare If Unemployed	<ul style="list-style-type: none"> • Welfare Card/Medical Card • Unemployment Benefit Payment History Screen
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If Receiving Welfare If Unemployed	<ul style="list-style-type: none"> • Welfare Card/Medical Card • Unemployment Benefit Payment History Screen 				
SELECTIVE SERVICE (MALES ONLY, 18 YEARS OF AGE, BORN AFTER DECEMBER 31, 1959)	<ul style="list-style-type: none"> • Acknowledgment Letter • Selective Service Registration Card 				
SCHOOL ATTENDANCE/SCHOOL STATUS (STUDENTS ONLY)	<ul style="list-style-type: none"> • Most Recent Report Card 				
SOCIAL SECURITY NUMBER	<ul style="list-style-type: none"> • Social Security Card • Social Security Office Document 				
NUMBER IN FAMILY	<i>Bring one of the following:</i> <ul style="list-style-type: none"> • Birth Certificate for each Family Member • Decree of Court • Divorce Decree • Landlord Statement • Lease • Marriage Certificate • Medical Card • Most Recent Tax Return supported by IRS Documents • Public Assistance/Social Service Agency Records • Public Housing Authority Records. (If Resident of or on Waiting List) • School/Agency Verification Form 				

PARENT/GUARDIAN SIGNATURE **If under the age of 18, make sure your parent or legal guardian signs your application at all places marked with an "X".**

Be prepared. Coming to your Eligibility Interview without the required items will cause a delay and can affect your chances of services.

(PLEASE PRINT—PHOTOCOPIES NOT ACCEPTABLE)

Last Name:		First Name:		Middle Initial:	Social Security #:	
Street Address:				County: Lehigh <input type="checkbox"/> Northampton <input type="checkbox"/>		
City:		State & Zip Code	Email Address:			
Have you ever applied to PACLLV/PIC? <input type="checkbox"/> Yes <input type="checkbox"/> No			Home Phone Number:			
Have you ever participated in PACLLV/PIC? <input type="checkbox"/> Yes <input type="checkbox"/> No			Cell Phone Number:			
Are you currently attending Elementary, Middle School, Junior High, Senior High or College? <input type="checkbox"/> Yes <input type="checkbox"/> No				Driver's License: <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, what is your present grade? _____				Number:		
In what year will you graduate? _____				Are you a High School Dropout? <input type="checkbox"/> Yes <input type="checkbox"/> No		
SCHOOLS ATTENDED	DATE STARTED	DATE ENDED	COURSE/ MAJOR	DID YOU GRADUATE?		
				YES	NO	YEAR

BEGINNING WITH YOUR PRESENT OR LAST JOB, PLEASE LIST JOBS YOU HAVE HELD:					
Name of Employer:			Supervisor:		
Address:			Salary:		
Job Title:	Start Date:	End Date:	Reason for Leaving:		
Job Duties:			Reason for Leaving:		
Name of Employer:			Supervisor:		
Address:			Salary:		
Job Title:	Start Date:	End Date:	Reason for Leaving:		
Job Duties:			Reason for Leaving:		

PACLLV/PIC USE ONLY:

- Express
 - Prior
 - New
- Date Rec'd _____
- E I U _____
- Ent AS _____
- Ref CD _____ 1 _____ SP
- Sch CD _____ 2 _____
- H _____ 3 _____
- F _____ AR _____

INTEREST SURVEY

If you are selected for services, your choices cannot be guaranteed.

Examples of some jobs which may be available:

Clerical/Data Entry	Groundskeeping	Program Aide/Assistant
Day Care <small>(Must be 16 or older)</small>	Human Services Aide	Community Art Project
Food Service	Indoor Maintenance	Health-Related

Other jobs I am interested in:

First choice _____

Second choice _____

Third choice _____

My computer/data entry skills include (word, internet, etc.): _____

My interests, skills, hobbies and volunteer experiences include: _____

My favorite or strongest subjects or topics in school are: _____

My greatest personal strengths are: _____

I will be able to get to work everyday by (transportation): _____

I have a Summer Vacation planned **Yes** **No**

If yes, what date do you leave? _____ **What date do you return?** _____

I will return to school in September Yes No Name of School and grade _____

Reason _____

I want to participate in the program because: _____

I heard about PACLLV/PIC from: _____

Comments: _____

Important: Summer school cannot interfere with full program participation. Our policy remains—Summer School First!

- PART B. 1. Is anyone in your family receiving cash **public assistance** payments (TANF, general assistance, SSI, or Refugee Assistance)? YES NO
 IF YES, the following four questions must be filled in:
 What is the case number? _____
 Who is the caseworker? _____ Phone # _____
 What is the amount of the grant? _____
 What is the date that this assistance began? _____
 (month) (day) (year)
- Is anyone in your family receiving **Food Stamps**? YES NO
 If yes, what is the Case Number? _____
 Who is the Caseworker? _____ Phone # _____
2. Do you have a **physical, psychological or learning disability** considered to be a barrier to employment? YES NO
3. Are you a **foster child**? YES NO
4. What is your **birthdate**? _____
 (month) (day) (year)
5. Are you registered with the **Selective Service**? (Males 18 or older) YES NO
6. **Citizenship:**
 Are you a citizen of the United States? YES NO
 If NO, please indicate your non-citizen status _____
 and your Registration Number _____
7. Are you presently or have you been subjected to any stage of the **criminal justice process**? YES NO
8. Are you **homeless or temporarily living** in a public or private shelter? YES NO

PART C. CERTIFICATION AND AUTHORIZATION

PARENTS AND GUARDIANS: Read the following and sign below if the applicant is under 18 years of age. Your signature and date are required and subjects you to the provisions contained in these paragraphs.

APPLICANT: If you are 18 years of age or older you must sign and date below. You are subject to the provisions contained in these paragraphs.

CERTIFICATION: I certify that the information provided is true to the best of my knowledge. I am also aware that the information I have provided is subject to review and verification (including wage records and unemployment compensation information), and that I may have to provide documents to support this application. I am also aware that I am subject to immediate termination if I am found ineligible after enrollment and may be prosecuted for fraud and/or perjury. I allow release of information, for verification purposes, and understand that it will be used to determine eligibility.

I, also, hereby authorize all schools, present and previous employers, community-based organizations, and government agencies to disclose to PACLLV/PIC my records, report cards, school attendance, discipline reports, IEP's, test scores, reason for leaving, and all other information which will assist PACLLV/PIC in evaluating my application for eligibility and participation and hereby release them and PACLLV/PIC from all liability arising from such disclosure.

I understand that my participation is subject to cancellation if any information I have supplied on this application is false or misleading, or if I have failed to disclose any information requested on this application. I further understand that falsification of information may subject me to prosecution under the law.

I, hereby, give my permission to submit to a pre-enrollment physical examination if deemed necessary.

I HAVE READ AND UNDERSTAND THE ABOVE STATEMENTS and I certify that all of the information furnished above and on the other pages of this application is true, complete, and correct to the best of my knowledge.

NAME: _____
 (Print name of Parent/Guardian, if Applicant under 18)

NAME: _____
 (Print name of Applicant, if 18 or over)

X SIGNED: _____ DATE: _____
 (Signature of Parent/Guardian, if Applicant under 18)

X SIGNED: _____ DATE: _____
 (Signature of Applicant, if 18 or over)

SERVICES APPLICATION FOR AGES 14-24
SCHOOL/AGENCY VERIFICATION FORM

This requested information will simplify the eligibility process. Please review this section and sign where appropriate.

I authorize the release of School or Agency record information necessary to complete this section. I understand that the information is confidential and will not be released to any source outside the PA CareerLink Lehigh Valley/Private Industry Council of Lehigh Valley, Inc.

X

Signature of Applicant, if 18 or older

Date

Because the applicant named in this application is a minor, I, as a person legally authorized to sign for this applicant, authorize the release of information necessary to complete this section.

X

Signature of Parent or Guardian, if Applicant is under 18

Date

SCHOOL/AGENCY LETTER

This section is to be completed by Authorized School or Agency Personnel Only (such as Guidance Counselor or Caseworker)

This applicant is interested in services and should meet WIA eligibility guidelines. According to School or Agency records, the following information is recorded. **Please check or complete all that apply.**

Name of School or Agency:

Current Grade:

Date:

Place of Birth:

Name of Applicant:

DOB:

Address:

Members of the household or family: (List below names, not number of family members)

Education Skills: Indicate **grade equivalent** based on testing within the past 12 months. Please convert standardized scores to grade level.

___ 1. Reading skills grade level (Ex: 9.4)

___ 2. Math skills grade level (Ex: 7.3)

Financial Eligibility Determination:

___ 1. This applicant has a physical or mental disability which, for this applicant, constitutes or results in a substantial barrier to employment. **The following is a brief description of the disability:** _____

___ 2. This applicant is a foster child for whom state or local government payments are made.

Eligibility Barriers:

___ 1. This applicant is basic skills deficient, having reading skills at or below the 8.9 grade level.

___ 2. This applicant is basic skills deficient, having math skills at or below the 8.9 level.

___ 3. This applicant is a pregnant or parenting individual.

___ 4. This applicant dropped out of school on _____.

___ 5. This applicant is homeless.

___ 6. This applicant is a runaway.

___ 7. This applicant is an offender.

___ 8. This applicant needs additional assistance to complete his or her educational plan.

___ 9. This applicant needs assistance to secure and hold employment.

Signature of Authorized School or Agency Personnel

Title

Date

SERVICES APPLICATION FOR AGES 14- 24
EQUAL EMPLOYMENT OPPORTUNITY DATA

PA CareerLink Lehigh Valley/Private Industry Council of Lehigh Valley, Inc. has a moral, as well as legal, commitment to provide equal employment opportunity and nondiscrimination in employment policies and practices on the basis of race, religion, color, sex, national origin, ancestry, marital status, age, disability, political affiliation or belief, and for beneficiaries only, citizenship and participation in WIA. We are also required to make periodic reports based on these categories, and are in violation of the law if we do not make such reports; therefore, we ask that you fill in the information requested below.

This information will not be used in any way to evaluate qualifications for employment or training or job performance. It will be used for statistical purposes only, and will be kept in a confidential file separate from the Application/Employment.

Thank you for your help in this matter.

Please Note: All information requested is voluntary.

NAME: (Please print) _____
Last First Middle

Please check where applicable:

1. Race:

- | | |
|--|--|
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Hawaiian Native or other Pacific Islander |
| <input type="checkbox"/> White | <input type="checkbox"/> Do not wish to disclose |
- and** Disabled

2. Ethnicity: Hispanic or Latino (You must also select a race)

3. Sex: Male Female

4. Birthdate: _____ Age: _____

5. Are you a Veteran? Yes No

6. Are you a disabled Veteran? Yes No

7. If yes, what is your VA disability rating? _____ %

8. Are you applying for a specific service? Yes No

9. If yes, indicate: _____