



**WORK HISTORY / VOLUNTEER EXPERIENCE**

What Are Your Skills and Abilities?

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

Company: \_\_\_\_\_ Location: \_\_\_\_\_  
Name of Business City, State

Date of Employment: From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Reason for Leaving: \_\_\_\_\_

Position / Job Title: \_\_\_\_\_ Rate of Pay \$ \_\_\_\_\_ per  Hr.  Wk. Hours:  PT  FT

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

Company: \_\_\_\_\_ Location: \_\_\_\_\_  
Name of Business City, State

Date of Employment: From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Reason for Leaving: \_\_\_\_\_

Position / Job Title: \_\_\_\_\_ Rate of Pay \$ \_\_\_\_\_ per  Hr.  Wk. Hours:  PT  FT

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

**SOCIAL SERVICES**

Are you currently receiving Public Assistance?  Yes  No. If yes, what type?  TANF  GA  Food Stamps

Case Managers Name \_\_\_\_\_ Office Location \_\_\_\_\_

**SIGNATURE OF APPLICANT**

If accepted /enrolled, are you willing to take a mandatory Drug Screening and Background Check  Yes  No  
By signing my name, I certify that all of the information entered on this application is true and correct. I understand that if any of the information is found to be incorrect or false, it may result in my being denied participation in the program.

\_\_\_\_\_  
Signature of Applicant Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**PARENTAL CONSENT (If Applicant is under the age of 18 yrs.)**

I, \_\_\_\_\_ authorize \_\_\_\_\_ to participate in the New Jersey Youth Corps.  
Name of Parent / Legal Guardian Name of Applicant

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

**New Jersey Youth Corps**  
**"CONFLICT OF INTEREST / NEPOTISM CERTIFICATION"**

Do you have a relative / partner who works for any of the following:

- A. Atlantic County? Yes \_\_\_\_\_ No \_\_\_\_\_
- B. A Municipality within Atlantic County? Yes \_\_\_\_\_ No \_\_\_\_\_
- C. A Non-Profit Organization? Yes \_\_\_\_\_ No \_\_\_\_\_
- D. A School Board? Yes \_\_\_\_\_ No \_\_\_\_\_

Is any relative / partner of yours an elected or appointed official in Atlantic County or any municipality within Atlantic County? Yes \_\_\_\_\_ No \_\_\_\_\_

If the answer to any of the above is yes, please complete the following:

Name of relative / partner: \_\_\_\_\_

Relationship: \_\_\_\_\_

Employer: \_\_\_\_\_

Title or position held: \_\_\_\_\_

I hereby certify that the above statements are true. I understand that falsification of this information can result in immediate termination.

Participant \_\_\_\_\_ Date \_\_\_\_\_  
(Signature)



**NEW JERSEY YOUTH CORPS**  
**ATLANTIC COUNTY ONE-STOP CAREER CENTER**

**GRIEVANCE PROCEDURE / POLICY**

**If you have a personal issue or complaint concerning another person or staff member, please follow this procedure:**

1. Deal with it privately and informally with the person.  
(If you feel you can resolve the situation in an appropriate manner.)
2. Speak to your Counselor as to how to deal with the situation.
3. Arrange to meet with the other person and the Counselor.
4. If you are not satisfied with how the situation has been addressed, ask your Counselor to set up an appointment with the Coordinator.
5. All steps will be documented in your file.

**NOTE:**

1. Most issues can be handled by talking things out and by following steps 1-3.
2. Corpsmembers are not to deliver notes or letters to the Administrative Offices of the Atlantic County One Stop Career Center or NJYC State Offices. There is an appropriate procedure in place that requires processing by the NJYC Coordinator.
3. Youth Corps Staff will direct corpsmembers to follow the appropriate procedures at all times.

*I have read and fully understand the NJYC Grievance Procedure Policy. I further understand that failure to follow these steps may result in disciplinary action and possible termination from the Youth Corps Program.*

**FOR YOUR PROTECTION**

No one may discriminate against you or un-lawfully deny you a benefit to which you are entitled. This protection also applies to other participants or staff persons who testify on your behalf.

My signature verifies that I have reviewed, understand and accept the above grievance policy and procedure.

\_\_\_\_\_  
Youth Corpsmember

\_\_\_\_\_  
Date

\_\_\_\_\_  
Youth Corps Coordinator

\_\_\_\_\_  
Date

**New Jersey Youth Corps**  
**“CONTACT LIST FORM”**

PLEASE LIST NAMES, ADDRESSES, TELEPHONE NUMBER AND RELATION OF  
THREE PERSONS NOT LIVING IN THE SAME HOUSEHOLD.

PARTICIPANT'S NAME: \_\_\_\_\_

(1) NAME: \_\_\_\_\_

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

CITY / STATE / ZIP \_\_\_\_\_

PHONE 1 # \_\_\_\_\_ PHONE 2 # \_\_\_\_\_

HOW ARE YOU RELATED TO THIS PERSON? \_\_\_\_\_

(2) NAME: \_\_\_\_\_

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

CITY / STATE / ZIP \_\_\_\_\_

PHONE 1 # \_\_\_\_\_ PHONE 2 # \_\_\_\_\_

HOW ARE YOU RELATED TO THIS PERSON? \_\_\_\_\_

(3) NAME: \_\_\_\_\_

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

CITY / STATE / ZIP \_\_\_\_\_

PHONE 1 # \_\_\_\_\_ PHONE 2 # \_\_\_\_\_

HOW ARE YOU RELATED TO THIS PERSON? \_\_\_\_\_

**New Jersey Youth Corps**  
***"HIGH SCHOOL DROP-OUT FORM"***

Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Youth Participant \_\_\_\_\_

To Whom It May Concern:

I \_\_\_\_\_ attest that I am 18 years or older and a High School Drop Out and did not complete high school.

Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Youth's Signature \_\_\_\_\_ Date \_\_\_\_\_

Youth Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

By signing above, I attest that this statement is true.

**CERTIFICATION: I certify that the information provided is true to the best of my knowledge and there is no intent to commit fraud. I am also aware that eligibility is subject to review and verification and I may be required to document its accuracy. Participants are subject to immediate termination if found ineligible after enrollment. Knowingly falsifying information will subject me to prosecution for fraud. I hereby give permission to verify my income by contacting my place of employment or agency from which I received benefits.**

Atlantic County One Stop Career Center • 2 So. Main Street. Suite 3, Pleasantville, NJ 08232



**New Jersey Youth Corps**  
**"HEALTH QUESTIONNAIRE"**

APPLICANT NAME: \_\_\_\_\_

PROVIDE A NAME, ADDRESS, AND TELEPHONE NUMBER OF A RELATIVE, FRIEND OR NEIGHBOR THAT BE CONTACTED IN CASE OF EMERGENCY.

NAME: \_\_\_\_\_

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

PHONE #: \_\_\_\_\_

**DO YOU HAVE ANY OF THE FOLLOWING?**

ALLERGIES TO:	CHRONIC OR RECURRING ILLNESSES:
HAY FEVER _____	HEART DISEASE _____
ASTHMA _____	CONVULSIONS _____
MEDICATION _____	DIABETES _____
INSECT BITES _____	PHYSICAL HANDICAP _____
FOOD REACTIONS _____	OTHER _____

Have you had any operations or injuries that would impair your performance in the workplace or in the classroom?

YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, provide us with (1) nature of illness (2) operation/injury (3) Name of Physician and/or hospital (4) dates of operation/injury.

\_\_\_\_\_  
\_\_\_\_\_

Please list any medications you are currently taking:

\_\_\_\_\_

**DISCLOSURE STATEMENT:**

I \_\_\_\_\_ VOLUNTARILY GIVE PERMISSION TO UTILIZE THE INFORMATION GIVEN ON THIS FORM. I FULLY UNDERSTAND THAT THIS INFORMATION WILL REMAIN CONFIDENTIAL AND WILL ONLY BE UTILIZED TO ASSIST WIA IN HELPING ME SELECT THE BEST SUITABLE EMPLOYMENT AND/OR TRAINING OPPURTUNITIES AVAILABLE TO ME.

\_\_\_\_\_  
Signature/Date

If applicant is 17 years old or younger: The health history is correct and my son/ daughter have permission to engage in all required job activities except as noted by physician.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Home #

\_\_\_\_\_  
Work #

**New Jersey Youth Corps**  
**"MEDIA RELEASE FORM"**

**IMPORTANT:** The following information is needed to facilitate the release of information to the news media regarding any youth under the age of 18 who participates in any and all events, activities and service projects of the Atlantic County One Stop Career Center. This includes names, photos, and information procured during an interview. . **PLEASE FILL OUT THIS FORM IN ITS ENTIRETY AND RETURN IT PROMPTLY.**

**TO BE COMPLETED BY PARENT / GUARDIAN**

I, (*print name*) \_\_\_\_\_, parent / guardian  
of (*print student's name*) \_\_\_\_\_, hereby give my permission for  
information regarding the participation of my son / daughter in any of the agencies / programs listed above to be  
released and provided to the media. I will \_\_\_\_ or will not \_\_\_\_ allow my son / daughter to be  
contacted prior to any events for interviews and / or photographs with the press or other media outlets.

Signature of parent / guardian \_\_\_\_\_

Telephone number (\_\_\_\_) - \_\_\_\_ - \_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signature of student \_\_\_\_\_

**RETURN COMPLETED FORM TO:**

Agency / Department \_\_\_\_\_

Representative's Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone number (\_\_\_\_) - \_\_\_\_ - \_\_\_\_

*(for office use only)*

Date recvd' \_\_\_\_ / \_\_\_\_ / \_\_\_\_



**DISCRIMINATION COMPLAINT**

**EQUAL OPPORTUNITY IS THE LAW**

The Atlantic County One-Stop Career Center is committed to providing you with the training and service you need to obtain employment. We are hopeful that you have a pleasant and productive experience. We are formally committed to equal employment opportunity in all aspects of our program.

It is against the law for the New Jersey Department of Labor and all recipients of the Workforce Investment Act, Financial Assistance to discriminate against any individual in the United States, on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief; and

**The recipient must not discriminate in any of the following areas:**

- Deciding who will be admitted, or have access, to any WIA Title I-financially assisted program or activity;
- Providing opportunities in, or treating any person with regard to, such a program or activity; or
- Making employment decisions in the administration of, or in connection with, such a program or activity.

If you think you have been subjected to discrimination under a WIA Title I-financially assisted program or activity, you may file a complaint within 180 days from the date of the alleged violation with either:

- The recipient's Equal Opportunity Officer (or the person whom the recipient has designated for this purpose), or
- The Director, Civil Rights Center (CRC), U.S. Department of Labor, 200 Constitution Avenue NW, Room N-4123, Washington, DC 20210.

If you file your complaint with the recipient, you must wait either until the recipient issues a written Notice of Final Action, or until 90 days have passed (whichever is sooner), before filing with the Civil Rights Center (see address above). *The recipient must offer you alternative dispute resolution in an effort to resolve your complaint.*

If the recipient does not give you a written Notice of Final Action within 90 days of the day on which you filed your complaint, you do not have to wait for the recipient to issue that Notice before filing a complaint with CRC. However, you must file your CRC complaint within 30 days of the 90-day deadline (in other words, within 120 days after the day on which you filed your complaint with the recipient).

If the recipient does give you a written Notice of Final Action on your complaint but you are dissatisfied with the decision or resolution, you may file a complaint with CRC. You must file your CRC complaint within 30 days of the date on which you received the Notice of Final Action (29 CFR Part 37.30).

**For more information on the above contact:**

**Local Equal Opportunity Officer**

State Equal Opportunity Officer  
**Mamta Patel, Esq.,** or  
 Assistant State Equal Opportunity Officer  
 Shari Walker-Hunt  
 PO Box 945  
 Trenton, New Jersey 08625-0945  
 \*Tel.# 609-292-7022  
 \*TDD#: 1-800-949-4232  
 \*(Do not call for Unemployment Insurance Information)

Name: Blanca Ruiz  
 Address: 2 SOUTH MAIN STREET, SUITE 3  
 PLEASANTVILLE, N.J. 08232  
 Tel.# (609) 485-0052 Ext 4813  
 TDD #: 1-800-949-4232

Client Name (Print) \_\_\_\_\_

Client Name (Signature) \_\_\_\_\_

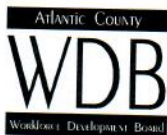


*An Equal Opportunity Employer*





**NEW JERSEY YOUTH CORPS**  
 Atlantic County Office of Workforce Development  
 2 S. Main St.  
 Pleasantville, NJ 08232  
 Tel: 609-485-0052 Ext. 4810 Fax: 609-485-0067



*The Start of a Brighter Future*



## INFORMATION RELEASE FORM

**Applicant's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip Code:** \_\_\_\_\_

**Last 4 of SSN:** \_\_\_\_\_ **Tel:** \_\_\_\_\_

By signing below, I \_\_\_\_\_, hereby authorize the release of my personal information to and from the New Jersey Youth Corps of the Atlantic County One Stop Career Center for verification and information exchange purposes including, but not limited to my: known addresses, income, employment history/data, school records, and citizenship. This information is to be supplied and obtained from sources including, but not limited to my employers, educational facilities, and governmental agencies.

I understand that Atlantic County One Stop Career Center tracks customers prior to and after the completion of program services; therefore, as a participant, I authorize the release of my income, employment and educational data prior to and after the completion of all of my academic, employment and training objectives.

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Parent/Guardian's Signature  
 (if applicant is under the age of 18 yrs.)

\_\_\_\_\_  
 Date