Atlantic County Office of Workforce Development SUMMER YOUTH WORK EXPERIENCE PROGRAM APPLICATION

Must be ages 16-24

Atlantic County Office One Stop Career Center 2 S. Main St. ~ Pleasantville, NJ 08401

Date of Application:/		Ar	e you a U.S	S. Citizen	☐ Yes ☐ No
PERSONAL DATA					
Name:First Last	Last 4 SSN: _	Date of Birth	:/_		Age:
Address: Street	Apt #	City		State	Zip
Home Phone: () Mobile ()		Email (required)			
EDUCATIONAL DATA					
School Status: In-School, High School: School Name:		City/Sta	.e:		
☐ In-School, College: School Name:		Course	of Study: _		
☐ Not Attending School, H.S. Graduate☐ Not Attending School, Drop-out: School Name):		_ Last Gra	de Complet	ed:
PERSONAL GOALS (List achievements you are planning to o	btain within the n	ext year)			
1					
2					
3					
Employment Career Goal:					
APPLICANT BACKGROUND INFORMATION					
Do You Have A Valid Driver's License? \Box Yes $\ \ \Box$ No. If yes, iss	ued by what state	?		-	
How Do You Plan On Getting To Work? \Box Car \Box Bus \Box Wa	lk ☐ Other			-	
Name:First Last		_ Phone: ()		Ext	i
PERSONAL SKILLS					
What Are Your Skills and Abilities?					

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Company:Name of Business			Location:	City, State	
Date of Employment: From / To _				·	
				-	
Position / Job Title:		Rate o	of Pay \$	per □ Hr. □ Wk. Hours:□ PT □ FT	
Job Duties:					
Company:Name of Business			Location:	City Stata	
Date of Employment: From/ To _					
Position / Job Title:		Rate o	of Pay \$	per □ Hr. □ Wk. Hours: □ PT □ FT	
Job Duties:					
rate you currently receiving rubile resistance:	s ∐ No.	If yes, wh	nat type? □ TA	NF □ GA □ SNAP □ Survivors Benefits	
		-		NF GA SNAP Survivors Benefits	
□ Otl	her				
	her				
Case Managers Name SIGNATURE OF APPLICANT CERTIFICATION: I certify that the information properticipants are subject to immediate termination	ovided is t	true to the	Office Locales best of my karter enrollmen	ation knowledge and there is no intent to commit frauc ent. Knowingly falsifying information will subjec	
Case Managers Name SIGNATURE OF APPLICANT CERTIFICATION: I certify that the information properticipants are subject to immediate termination	ovided is t	true to the	Office Loca	ation knowledge and there is no intent to commit frauc ent. Knowingly falsifying information will subjec	
Case Managers Name SIGNATURE OF APPLICANT CERTIFICATION: I certify that the information properticipants are subject to immediate termination prosecution for fraud. Signature of Youth Applicant	ovided is t	true to the ineligible a	Office Locales best of my karter enrollmen	ation knowledge and there is no intent to commit frauc ent. Knowingly falsifying information will subjec	
Case Managers Name SIGNATURE OF APPLICANT CERTIFICATION: I certify that the information properticipants are subject to immediate termination prosecution for fraud. Signature of Youth Applicant	ovided is to if found i	true to the neligible a	Office Locale best of my kafter enrollment	ation knowledge and there is no intent to commit frauc ent. Knowingly falsifying information will subjec	
Case Managers Name SIGNATURE OF APPLICANT CERTIFICATION: I certify that the information preparticipants are subject to immediate termination prosecution for fraud. Signature of Youth Applicant DO NOT WRITE BELOW THIS AREA ~ FOR AGEN	ovided is to a found i	true to the ineligible a	Office Locales best of my kafter enrollment	ation knowledge and there is no intent to commit fraudent. Knowingly falsifying information will subject	
Case Managers Name SIGNATURE OF APPLICANT CERTIFICATION: I certify that the information properticipants are subject to immediate termination prosecution for fraud. Signature of Youth Applicant DO NOT WRITE BELOW THIS AREA ~ FOR AGEN Date Application Received/_ Staff Person Receiving Application	ovided is to a found i	true to the ineligible a	Office Locale best of my kafter enrollment	ation knowledge and there is no intent to commit fraudent. Knowingly falsifying information will subject	

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