



Dear Applicant,

The application on the back of this letterhead serves as a preliminary assessment of eligibility for the PA CareerLink Paid Work Experience Program. The program is open to youth ages 16-24 who meet eligibility and suitability guidelines set forth by the Workforce Innovation and Opportunity Act (WIOA) and Temporary Assistance for Needy Families (TANF).

The paid work experience program provides job readiness training, career and post-secondary school exploration and paid work experiences to youth in our community through partnership with local businesses and schools. The duration of the program, hours per week and wage may vary with regards to program funding and availability.

Please complete the application in its entirety and return it to your local CareerLink office. A member of our staff will contact you to discuss your application and next steps. Your answers are confidential and used solely for eligibility determination.

If you are selected for an interview, you may be asked to provide additional documents that will be used to verify your eligibility.

Sincerely,

PA CareerLink Youth Staff

445 Schoolhouse Road, Johnstown, PA 15904

PHONE 814-533-2493 FAX 814-533-2395 TTY 814-535-6698

www.cwds.state.pa.us

A proud partner of the  network



Paid Work Experience Program Application

Please complete each section of the application and return it to the PA CareerLink, a member of our staff will then contact you.

APPLICANT INFORMATION

| | | | | |
|----------------|------------|----------------|------------------|------|
| Last Name | | First | M.I. | Date |
| Street Address | | | Apartment/Unit # | |
| City | State | | ZIP | |
| Phone | Cell Phone | E-mail Address | | |
| Date of Birth | Age | | Gender | |

Name of High School _____

| | | |
|-------------------------|---------------|--------------------------|
| Highest Grade Completed | Current Grade | Expected Graduation Year |
|-------------------------|---------------|--------------------------|

| | | | | | |
|---|------------------------------|-----------------------------|---------------------------|------------------------------|-----------------------------|
| Do you have a high school diploma or GED? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Are you working with OVR? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Did you drop-out of high school? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If so, when? | | |
| Are you in post-secondary education? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Name of School | Major | |
| Do you plan on continuing your education after high school? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Planned area of study? | | |

First date you are available to start work: _____

Please check all categories below which apply to you:

| | | |
|------------------------------|-----------------------------|--|
| YES <input type="checkbox"/> | NO <input type="checkbox"/> | I (my family) receive food stamps (SNAP Benefits). |
| YES <input type="checkbox"/> | NO <input type="checkbox"/> | I (my family) receive Temporary Assistance for Needy Families (TANF Benefits). |
| YES <input type="checkbox"/> | NO <input type="checkbox"/> | I have a documented disability. |
| YES <input type="checkbox"/> | NO <input type="checkbox"/> | I participate in Learning Support or Special Education Classes at school |
| YES <input type="checkbox"/> | NO <input type="checkbox"/> | I have an IEP (Individual Education Plan) at school |
| YES <input type="checkbox"/> | NO <input type="checkbox"/> | I have limitations that prevent me from performing specific job duties. If yes, please describe: |
| YES <input type="checkbox"/> | NO <input type="checkbox"/> | I am currently pregnant or parenting. |
| YES <input type="checkbox"/> | NO <input type="checkbox"/> | I am homeless, a runaway, or foster child (circle one). |
| YES <input type="checkbox"/> | NO <input type="checkbox"/> | I have been convicted of a felony or misdemeanor |
| YES <input type="checkbox"/> | NO <input type="checkbox"/> | I live in Section 8/Public Housing. |
| YES <input type="checkbox"/> | NO <input type="checkbox"/> | I receive Social Security (SSI) or Social Security Disability (SSD) Income. |

Do you have reliable transportation to work? YES NO *Please note: We do not provide transportation for this program.*

Number of household members: (related to you by blood, marriage or decree of court) _____

Estimated annual household income? \$ _____

Signature of Applicant: _____

Parent/Guardian (if under 18): _____

This program is made possible through the support of the Southern Alleghenies Workforce Development Board, the region's leader and active partner in workforce development efforts. Eligibility and suitability guidelines apply.
 Auxiliary aids and services are available upon request to individuals with disabilities. Equal Opportunity Employer/Programs.