

SUMMER 2009

Workforce Investment Youth Program Application

NIAGARA COUNTY EMPLOYMENT AND TRAINING DEPARTMENT

TROTT ACCESS CENTER, 1001 ELEVENTH STREET, NIAGARA FALLS, NY 14301

Name _____ Social Security No. _____ Birthdate _____

Address _____ Age _____

Street _____ City _____ State _____ Zip Code _____
Phone Number _____ Message Number _____ Gender: Male _____ Female _____

U.S Citizen: Yes No, but eligible to work in the United States Reg. # _____ Expiration Date: _____

EDUCATIONAL STATUS

Are you attending school now? No Yes If yes, name of school? _____ Grade _____

If no, highest grade completed _____ GED Yes No Year _____ Certificates/Licenses _____

Computer Skills _____

EMPLOYMENT RECORD

Have you ever been employed? Yes No If yes, list the jobs you have held starting with the most recent.

Business Name _____ Dates Worked _____ to _____

Address _____
Street _____ City _____ State _____ Zip Code _____

Job Title _____ Job Duties (Include Tools & Machines Used) _____

Reason for Leaving _____

Still willing to accept employment in this field? Yes No If no, why not? _____

Business Name _____ Dates Worked _____ to _____

Address _____
Street _____ City _____ State _____ Zip Code _____

Job Title _____ Job Duties (Include Tools & Machines Used) _____

Reason for Leaving _____

Still willing to accept employment in this field? Yes No If no, why not? _____

Please write a few sentences about why you are applying and how you think we can help you. _____

PREVIOUS PARTICIPATION IN YOUTH EMPLOYMENT PROGRAMS

Summer Youth Employment Program (Year-round) Work Experience Program

(OVER)

