



APPLICATION FOR AGES 16 - 29

- Please print clearly using blue or black ink.
- Please use your legal name.

GENERAL INFORMATION					
Last Name		First Name		Middle Initial	<input type="checkbox"/> Male <input type="checkbox"/> Female
Street Address			City	Zip Code	Date of Birth (MM/DD/YYYY)
Home Phone	Cell Phone	Email			Social Security #
Secondary Contact Name			Relationship to You		Phone
Are you authorized to work in the U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO					
(OPTIONAL) Please select your ethnicity. Please select only one.					
		<input type="checkbox"/> Asian / Pacific Islander	<input type="checkbox"/> Black or African American		
		<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> American Indian or Alaskan Native		
		<input type="checkbox"/> White / Caucasian	<input type="checkbox"/> Other (including multiple ethnicities)		
Are you now or have you been a part of the Foster Care System? <input type="checkbox"/> YES <input type="checkbox"/> NO					
Have you ever been convicted of a criminal offence (Felony or Misdemeanor) in a court of law? <input type="checkbox"/> YES <input type="checkbox"/> NO					
Are you or your family currently receiving CalFresh (Food Stamps) benefits? <input type="checkbox"/> YES <input type="checkbox"/> NO				Do you qualify for free and reduced lunch? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Are you pregnant or do you have any children? <input type="checkbox"/> YES <input type="checkbox"/> NO			Are you homeless or are you at risk of being homeless? <input type="checkbox"/> YES <input type="checkbox"/> NO		
English speaking skills: <input type="checkbox"/> Limited <input type="checkbox"/> Conversational <input type="checkbox"/> Fluent		English reading skills: <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced		English writing skills: <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced	
Are you now or have you ever taken more than one career pathways course? (CTE, Magnet, or Academy) <input type="checkbox"/> YES <input type="checkbox"/> NO					
If no, would you like to learn more about the career pathways programs offered by your high school? <input type="checkbox"/> YES <input type="checkbox"/> NO					
EDUCATION					
Are you currently attending school? <input type="checkbox"/> YES <input type="checkbox"/> NO					
Most recently attended school:			Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	(Expected) Graduation Year:	
EMPLOYMENT / VOLUNTEER HISTORY: Begin with your current or most recent position					
From (Date)	Employer		Job Title		Pay Rate
To (Date)	City	State	Supervisor's Name		Supervisor's Phone
Length of Employment	Reason for Leaving				
Hours per Week	Job Duties				
How did you hear about this program?					

I certify that the statements made herein are true and correct to the best of my knowledge.

Signature of Applicant

Date

Parent or Guardian Signature if Under 18 Years of Age

Date