



WorkSource Atlanta

In-School Youth Application

Personal Information

Last Name:		First & Middle Name:		Last 4 SSN:	
Street Address and Apt#			City: ATLANTA	State: GA	Zip:
Phone Number:		Cell Phone Number:		Email:	
Parent's Home Number:		Parent's Cell Phone Number:		Parent's Email:	
Name of School:			Expected Graduation Year:		Current Grade:
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>		Date of Birth:		Current Age:	
Selective Service: (Males 18 & Older) Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required <input type="checkbox"/>					
Ethnicity:	Black (Non-Hispanic) <input type="checkbox"/>		Hispanic/Latino <input type="checkbox"/>		White/Caucasian <input type="checkbox"/>
	Asian/Pacific Islander <input type="checkbox"/>		American Indian/Alaskan Native <input type="checkbox"/>		
U.S. Citizen <input type="checkbox"/> U.S. Permanent Resident <input type="checkbox"/> Alien/Refugee Lawfully Admitted to U.S. <input type="checkbox"/>					

Social Media

Facebook Profile:	Instagram Profile:	Twitter Profile:
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Income (Check all that apply)

Does Your Parent/Guardian Currently Receive? Food Stamps (SNAP) TANF SSI (Supplemental Security Income)
Weekly/Bi-Weekly Wages

Barriers (Check all that apply)

Disability <input type="checkbox"/>	Basic Skills Deficiency <input type="checkbox"/>	Homeless/Runaway <input type="checkbox"/>	Single Parent (Pregnant/Parenting) <input type="checkbox"/>	English Language Learner <input type="checkbox"/>
Offender <input type="checkbox"/>	Individual Facing Cultural Barriers <input type="checkbox"/>	Foster Care <input type="checkbox"/>	Resides in High Poverty Area <input type="checkbox"/>	
Needs Additional Assistance to Complete School or Find Employment <input type="checkbox"/>			Other _____	

Services Needed (Check all that apply)

Finding Job Leads <input type="checkbox"/>	Resume Building <input type="checkbox"/>	Interviewing Skills <input type="checkbox"/>	Education <input type="checkbox"/>	Identifying My Skills <input type="checkbox"/>
Job Interests <input type="checkbox"/>	Stress Management <input type="checkbox"/>	Improving My Skills <input type="checkbox"/>	Tips on Keeping a Job <input type="checkbox"/>	Job Application Assistance <input type="checkbox"/>
Goal Setting <input type="checkbox"/>	Childcare <input type="checkbox"/>	Job Aptitude <input type="checkbox"/>	Clothing <input type="checkbox"/>	Bonding/Criminal Background <input type="checkbox"/>
Explore Careers <input type="checkbox"/>	Transportation <input type="checkbox"/>	Learn about Wages <input type="checkbox"/>	Entrepreneurship (Owning A Business) <input type="checkbox"/>	

Household Information (List all members including yourself)

Name	Age	Relationship	Source of Income

Education Goals | Employment Goals | Personal Goals

WHAT ARE YOUR FUTURE GOALS? (**Short Term** – Less than one year) and (**Long Term** – One year or more)

Education: Short Term _____

Long Term _____

Employment: Short Term _____

Long Term _____

Dream Career 1: _____

Dream Career 2: _____

Dream Career 3: _____

Personal: Short Term _____

Long Term _____

Emergency Contacts

Name:	Relationship:	Contact Number:
Name:	Relationship:	Contact Number:

Agreement & Signatures

I hereby certify that the information provided in this application is true and accurate to the best of my knowledge. I allow release of this information for verification purposes, and understand it will be used to determine eligibility for WorkSource Atlanta (WSA) youth programs. I understand that if the information provided is misrepresented, it will be grounds for termination if discovered at a later date.

If an applicant is under age 18 years, a parent/legal guardian's signature is required.

_____	_____
Applicant's Signature	Date
_____	_____
Parent / Guardian's Signature	Date

**WorkSource Atlanta is an equal opportunity employer/program.
Auxiliary aids and services are available upon request to individuals with disabilities.**