

Application for Boley Centers, Inc
Youth Employment Program 2016/17

COMPLETION OF THIS APPLICATION DOES NOT GUARANTEE A POSITION
 YOU MUST BE AT LEAST 14 YEARS OLD AND NOT OLDER THAN 17 YEARS OF AGE, AS OF AUGUST 10, 2016
THE TOTAL ANNUAL HOUSEHOLD INCOME WILL BE USED TO DETERMINE ELIGIBILITY
 INCOMPLETE APPLICATIONS WILL BE DISCARDED

PLEASE PRINT IN INK:

NAME _____ SSN (ENTIRE NUMBER) ____/____/____

HOME ADDRESS _____
STREET CITY STATE ZIP CODE

HOME PHONE () _____ EMERGENCY/OTHER PHONE () _____

AGE: ____ BIRTHDATE ____/____/____ MALE ___ FEMALE ___ PINELLAS STUDENT ID _____

WHAT HIGH SCHOOL DO YOU ATTEND: _____ HIGHEST GRADE COMPLETED _____

WHAT TYPE OF JOB ARE YOU INTERESTED IN: 1. _____ 2. _____ 3. _____

HOW DID YOU HEAR ABOUT THIS PROGRAM: _____ GROSS ANNUAL HOUSEHOLD INCOME: _____

RACE (Please select one)

- | | | | |
|------------------------------------------|-------------------------------------------------|-----------------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> WHITE | <input type="checkbox"/> BLACK/AFRICAN AMERICAN | <input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE | <input type="checkbox"/> OTHER ASIAN |
| <input type="checkbox"/> ASIAN INDIAN | <input type="checkbox"/> CHINESE | <input type="checkbox"/> JAPANESE | <input type="checkbox"/> OTHER PACIFIC ISLANDER |
| <input type="checkbox"/> KOREAN | <input type="checkbox"/> GUAMANIAN OR CHAMORRO | <input type="checkbox"/> VIETNAMESE | <input type="checkbox"/> SOME OTHER RACE |
| <input type="checkbox"/> NATIVE HAWAIIAN | <input type="checkbox"/> SAMOAN | <input type="checkbox"/> FILIPINO | <input type="checkbox"/> MULTIRACIAL |

ETHNICITY (Please Select one)

- | | | |
|---------------------------------------------------------------------|--------------------------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> Cuban | <input type="checkbox"/> Puerto Rican | <input type="checkbox"/> Mexican, Mexican American, Chicano |
| <input type="checkbox"/> Another Hispanic, Latino or Spanish Origin | <input type="checkbox"/> Not of Hispanic, Latino or Spanish Origin | |

Head of Household

- | | |
|-----------------------|----------------------|
| Adults in Household | <input type="text"/> |
| Under 18 in Household | <input type="text"/> |

Relationship to Head of Household

- | | | | |
|--------------------------------------------------------|-----------------------------------------------------|--------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Spouse | <input type="checkbox"/> Biological son or daughter | <input type="checkbox"/> Adopted son or daughter | <input type="checkbox"/> Stepson or Stepdaughter |
| <input type="checkbox"/> Brother or Sister | <input type="checkbox"/> Father or Mother | <input type="checkbox"/> Grandchild | <input type="checkbox"/> Parent-in-law |
| <input type="checkbox"/> Son-in-law or Daughter-in-law | <input type="checkbox"/> Other relative | <input type="checkbox"/> Housemate or Roommate | <input type="checkbox"/> Unmarried Partner |
| <input type="checkbox"/> Other non relative | <input type="checkbox"/> self | | |

Household Arrangement

- | | |
|-------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| <input type="checkbox"/> Single Parent – Female Head of Household | <input type="checkbox"/> Single Parent-Male Head of Household |
| <input type="checkbox"/> Dual Parent – Married | <input type="checkbox"/> Dual Parent-Non Married Female Head of Household |
| <input type="checkbox"/> Dual Parent-Non Married Male Head of Household | <input type="checkbox"/> Other Relative/Kinship Care Male Head of Household |
| <input type="checkbox"/> Other-Relative/Kinship Care-Female Head of Household | <input type="checkbox"/> Other-Relative/Kinship Care-Married |
| <input type="checkbox"/> Other-Non Relative | <input type="checkbox"/> No Dependents-Married |
| <input type="checkbox"/> No Dependents-Couple, Non Married | <input type="checkbox"/> No Dependents-Single Female |
| <input type="checkbox"/> No Dependents – Single Male | |

RELEASE OF INFORMATION

I hereby authorize representatives of the Youth Employment Program to obtain information concerning my household's WIA, TANF, Food Stamp or Social Security information for the purpose of determining eligibility. **ALL INFORMATION WILL REMAIN CONFIDENTIAL.**

APPLICANT SIGNATURE _____ DATE _____

PARENT/GUARDIAN NAME PRINTED _____ / _____
(IF APPLICANT IS UNDER 18 YEARS OF AGE) (RELATIONSHIP TO APPLICANT)

PARENT/GUARDIAN SIGNATURE _____ DATE _____

IF SELECTED, YOU WILL BE CONTACTED BY TELEPHONE FOR AN INTAKE INTERVIEW
 PLEASE CALL (727) 821-4819 EXT 5106 IF YOU REQUIRE ADDITIONAL INFORMATION