

Application for Boley Centers, Inc
Youth Employment Program

COMPLETION OF THIS APPLICATION DOES NOT GUARANTEE A POSITION
 APPLICANT MUST BE AT LEAST 15 YEARS OLD and ATTENDING A PINELLAS COUNTY SCHOOL
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/OT--R PHONE _____

AGE: ____ BIRTHDATE _____ MAL- ____ FEMALE _____ PINELLAS STY DENU 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 _____

SAVE THE APPLICATION AS A PDF AND EMAIL TO anita.smith@boleycenters.org
IF SELECTED, YOU WILL BE CONTACTED BY TELEPHONE FOR AN INTAKE INTERVIEW
 PLEASE CALL (727) 821-4819 EXT 5243 FOR ADDITIONAL INFORMATION