



NEW JERSEY YOUTH CORPS

Application for Enrollment
Atlantic County Office of Workforce Development
2 S. Main St.
Pleasantville, NJ 08232



Tel: 609-485-0052 Ext. 4810 Fax: 609-485-0067
Email: Maddox_odingaalink.org



Date: ____/____/____

PERSONAL DATA

Name

First: _____ Last: _____ Date of Birth: ____/____/____ Age: ____

Address

Street: _____ Apt #: _____ City: _____ State: _____ Zip _____

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____ Email _____

EDUCATIONAL DATA

Last School Attended

Name: _____ Location (City, State): _____

Last Date Attended School ____/____/____ Last Grade Completed: _____ Do you have an IEP Yes No

School Status: Still in School Graduated Quit due to Attendance / Personal Problems Expelled Lost Interest

Have you already taken the HSE (GED) Exam? Yes If yes, what was your score? _____

PERSONAL GOALS (What do you intend to achieve from being enrolled in our program)

1. _____
2. _____
3. _____

Employment Career Goal: _____ Educational Goal: _____

APPLICANT BACKGROUND INFORMATION

Do You Have a Valid Driver's License Yes No If yes, issued by what state? _____

How Do You Plan On Getting To Our Program Each Morning? Car Bus Walk Other _____

Have You Ever Been Convicted of A Crime? Yes No If yes, what was the offense? _____

Are you currently on Probation / Parole Yes No If yes, please provide your Probation / Parole Officer's name and phone number below:

First Name: _____ Last Name: _____ Phone: (____) _____ - _____ Ext. _____

WORK HISTORY / VOLUNTEER EXPERIENCE

What Are Your Skills and Abilities?

- 1. _____
- 2. _____
- 3. _____

Company Name: _____ Location (City, State): _____

Date of Employment: From ____ / ____ / ____ To ____ / ____ / ____ Reason for Leaving: _____

Position / Job Title: _____ Rate of Pay \$ _____ per Hr. Wk. Hours: PT FT

Job Duties: _____

Company Name: _____ Location (City, State): _____

Date of Employment: From ____ / ____ / ____ To ____ / ____ / ____ Reason for Leaving: _____

Position / Job Title: _____ Rate of Pay \$ _____ per Hr. Wk. Hours: PT FT

Job Duties: _____

SOCIAL SERVICES

Are you currently receiving Public Assistance? Yes No. If yes, what type? TANF GA Food Stamps

Case Managers Name _____ Office Location _____

SIGNATURE OF APPLICANT

If accepted /enrolled, are you willing to take a mandatory Drug Screening and Background Check Yes No
By signing my name, I certify that all of the information entered on this application is true and correct. I understand that if any of the information is found to be incorrect or false, it may result in my being denied participation in the program.

Signature of Applicant Date: ____ / ____ / ____

PARENTAL CONSENT (If Applicant is under the age of 18 yrs.)

I, _____ (Parent / Legal Guardian) authorize _____ (Applicant) to participate in the New Jersey Youth Corps.

Signature of Parent / Legal Guardian Date: ____ / ____ / ____