



# 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\_odinga@aclink.org



Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### PERSONAL DATA

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_  
First Last

Address: \_\_\_\_\_  
Street Apt # City State Zip

Home Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Email \_\_\_\_\_

### EDUCATIONAL DATA

Last School Attended: \_\_\_\_\_ Location: \_\_\_\_\_  
Name of School 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  No. 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 Drivers 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:

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Ext. \_\_\_\_\_  
First Last

**WORK HISTORY / VOLUNTEER EXPERIENCE**

What Are Your Skills and Abilities?

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

Company: \_\_\_\_\_ Location: \_\_\_\_\_  
Name of Business 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: \_\_\_\_\_ Location: \_\_\_\_\_  
Name of Business 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, \_\_\_\_\_ authorize \_\_\_\_\_ to participate in the New Jersey Youth Corps.  
Name of Parent / Legal Guardian Name of Applicant

\_\_\_\_\_  
Signature of Parent / Legal Guardian Date: \_\_\_\_/\_\_\_\_/\_\_\_\_