



Date Returned:
Initials

Michigan Works Troy YOUTH APPLICATION

550 Stephenson Hwy., Ste.400
Troy, MI 48083

The following requested information contains numerous questions that are normally not allowed on job applications. However, federal Workforce Investment Act (WIA) regulations require responses in order to be eligible for WIA services. Auxiliary aids and services are available upon request to individuals with disabilities.

Please fill in this form as completely as you can and return to the Troy Career Center. Date: _____

Please Print Clearly.

Name: _____ PHONE #: _____

Last
First
Middle

Address: _____

Street
City
Zip

Date of Birth: _____ Age: _____ Sex: Male Female Email: _____

Citizenship: Yes, US citizen or eligible non-citizen No Selective Service: Yes No N/A
**Note: All males 18 and older MUST be Selective Service registered*

Alt. Contact Person: _____

Name
Relationship
Phone #

How did you hear about our program? _____

Were you referred (list company or person)? _____

Date Available for Work: _____ Part Time Full Time

Availability:

	Monday	Tuesday	Wednesday	Thursday	Friday
Start Time					
End Time					

EDUCATIONAL HISTORY

Please include name of institution, city and state

High School	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> Diploma <input type="checkbox"/> No <input type="checkbox"/> GED	Date of Graduation	In High School Now? <input type="checkbox"/> Yes <input type="checkbox"/> No
College/University	Dates Attended		Type of Degree & Program of Study (B.A., etc.)
College/University			
Trade/Vocational School			
Licenses/Certifications			Type:

Will you be taking summer classes? Yes No

EMPLOYMENT HISTORY

Employer Name and City:	Start Date:	End Date:	Job Title:
<u>Describe your duties:</u>	Wage:	Reason for Leaving:	
Employer Name and City:	Start Date:	End Date:	Job Title:
<u>Describe your duties:</u>	Wage	Reason for Leaving	

SKILLS/INTERESTS

Do you have any special machinery or software skills? _____

Please list activities/hobbies you do, or have done, that may be related to work skills. Include volunteer or other work experience you haven't mentioned elsewhere. _____

What are your summer job interests? _____

PERSONAL/SOCIAL HISTORY

Do you have any physical/mental handicaps or disabilities? Yes No

If yes, please explain: _____

Have you ever been convicted of a felony by a civilian or military court? Yes No

If yes, please explain: _____

Are you a veteran? Yes No

Do you have reliable transportation to within 10 miles of your home? Yes No

Have you ever been enrolled in a Michigan Works Youth Program before? Yes No

If so, where/when? _____

FINANCIAL SITUATION

Total family income for the last 6 months:

As part of federal policy, it is required that an individual's total household income is obtained and formally documented. An individual's eligibility for the W.I.A. Youth Program is based on income status at the time of intake. If you choose not to submit this information, leave this section blank, or cannot provide proper documentation of all applicable financial situations listed below, then your paperwork will not be processed.

Gross Family Wages From Income (last 6 months)

• **Combined Family Income** for the last six months \$ _____

* Includes **all income for each family member** for the last 6 mo.
(Documentation of income will be required at intake)

• **Number of family members** _____

TANF (Cash Assistance or Food Stamps) \$ _____
TANF Case#: _____
Case Worker's Name: _____
Case Worker's Contact: #(_____)

Social Security Income (SSI) \$ _____

Social Security Retirement \$ _____

Social Security Disability \$ _____

Social Security Death Benefits \$ _____

Other, please specify (alimony, child support, pension, etc) \$ _____

TOTAL \$ _____

READ CAREFULLY BEFORE SIGNING:

1. I hereby represent that each answer to a question herein and all other information otherwise furnished is true and correct. I further represent that such answers and information constitute a full and complete disclosure of my knowledge with respect to the question or subject to which the answer of information relates. I understand that any incorrect, incomplete, or false statement or information furnished by me will subject me to discharge at any time. In the event that I am employed by/through Troy Career Center, I agree to comply with its orders, rules and regulations.
2. Pursuant to Act 397, PA 1978, the applicant agrees that Troy Career Center may investigate and review my past employment, activities and statements contained in this application. I hereby release from liability all persons (employers or references) supplying such information. I understand that such information may include a record of disciplinary action, and hereby release such persons from an obligation to provide me with written notification of such disclosure.

ALL THE INFORMATION I HAVE PROVIDED IN THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE.

Signature of Applicant _____ Date _____

Signature of Parent or Guardian (For Minors Only) _____ Date _____