



2017 Summer Work Experience Participant Application

To be eligible for the Experience Works! Program, youth must be:

- ✓ A U.S. Citizen or qualified alien
- ✓ A resident of Westmoreland or Fayette County
- ✓ Meet TANF OR WIOA Guidelines

Follow these steps to complete the application process:

1. If WIOA Applicant: Must enroll youth as a participant at www.jobgateway.pa.gov and meet with CareerLink® Staff to apply.
2. If TANF Applicant: Complete Entire Application. Use “Not Applicable” when appropriate.
3. Submit all required documentation with the application. (See Required Documentation Checklist)
4. Return application and documentation to youth program provider or local CareerLink® Location prior to the start date of the program.

Openings are limited and failure to provide ALL required documentation will result in processing delay. Each Youth that applies will be contacted with more details.

Additional applications can be downloaded from the WIB Website at www.westfaywib.org or picked up at local CareerLink® Locations!

Local PA CareerLink® Locations:

- PA CareerLink® Westmoreland: 151 Pavilion Lane, Youngwood, PA 15697
- PA CareerLink® Alle-Kiski: 1150 5th Ave, Suite 200, New Kensington, PA 15068
- PA CareerLink® Fayette: 112 Commonwealth Drive, Lemont Furnace, PA 15456

Documentation Checklist

IMPORTANT

KEEP THIS SHEET FOR YOUR INFORMATION

To determine your eligibility for the Experience Works! program, you must bring/provide **one** item from each of the categories listed below. Please note: where two or more items are listed, **only one** needs to be submitted.

CATEGORY	DOCUMENTATION ITEM
PHOTO ID	<p><i>Bring/Provide one of the following:</i></p> <ul style="list-style-type: none"> • Driver's License • Passport/Alien Card • State Issued ID Card • School ID (Name and BD)
DATE OF BIRTH (AGE)	<p><i>Bring/Provide one of the following:</i></p> <ul style="list-style-type: none"> • Driver's License • Birth Certificate • Passport/Alien Card • Work Permit (Working Papers) • State Issued ID Card • School ID (Name and BD)
SOCIAL SECURITY NUMBER	<p><i>Bring/Provide one of the following:</i></p> <ul style="list-style-type: none"> • Social Security Card (MUST BE SIGNED BY YOU) • Social Security Office Document
CITIZENSHIP/RIGHT TO WORK	<p><i>Bring/Provide one of the following:</i></p> <ul style="list-style-type: none"> • Birth Certificate • Alien Card • Passport • Other Documentation of Birth from Hospital of Birth
ECONOMIC ELIGIBILITY	<p>BRING ONE OF THE FOLLOWING: Proof of Income for last 6 months must be provided!</p> <ul style="list-style-type: none"> • Food Stamp Award Letter • Public Assistance Records • Housing Authority Verification • SSI Award Letter • Welfare Card/Award Letter • Unemployment Determination Letter • Bank Statements • Pay Stubs from past 6 months (26 weeks) or • Gross Earnings Statement from Employer for past 6 months
<p>If Receiving Food Stamps If Receiving SSI If Receiving Welfare If unemployed If employed</p> <p>GROSS FAMILY INCOME OVER LAST SIX MONTHS (26 WEEKS)</p>	<p>BRING ONE OF THE FOLLOWING:</p> <ul style="list-style-type: none"> • Acknowledgement Letter • Selective Service Registration Card
SELECTIVE SERVICE (MALES ONLY, 18 YEARS OF AGE)	<p>BRING ONE OF THE FOLLOWING:</p> <ul style="list-style-type: none"> • Most Recent Report Card • School Transcripts • Withdrawal Letter from High School • Copy HS Diploma • Copy of GED • School Letter verifying enrollment on school letterhead
SCHOOL STATUS	<p>BRING ONE OF THE FOLLOWING:</p> <ul style="list-style-type: none"> • Acknowledgement Letter • Selective Service Registration Card
WIOA APPLICANTS ONLY:	<p>BRING ONE OF THE FOLLOWING:</p> <ul style="list-style-type: none"> • Letter from Doctor • Child's Birth Certificate • Letter from Probation • Court Documents
Additional Documents if Applicable	<p>Pregnant or Parenting</p> <ul style="list-style-type: none"> • Letter from Doctor • Child's Birth Certificate <p>Offender</p> <ul style="list-style-type: none"> • Letter from Probation • Court Documents <p>Disability Verification</p> <ul style="list-style-type: none"> • Letter from Doctor • Social Security Disability Statement • IEP Verification
PARENT/GUARDIAN SIGNATURE	<p>If under the age of 18, make sure your parent or legal guardian signs your application at all places where indicated.</p>



Provider Name: _____
Program Type: <u>2017 Summer Work Experience</u>
Site: _____
Contact Person: _____
Phone Number: _____

2017 EXPERIENCE WORKS! APPLICATION

Application Date: ____ / ____ / ____

PLEASE PRINT USING BLACK OR BLUE INK PEN

YOUTH APPLICANT INFORMATION

Last Name:		First Name:		Middle Initial:	Social Security #:
Street Address:				County:	
City:		State & Zip Code:	Email Address:		
Date of Birth:		Age:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Race: <input type="checkbox"/> White <input type="checkbox"/> African-American <input type="checkbox"/> Other, Specify: _____			Home Phone#: _____		
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Other: _____			Cell Phone #: _____		
			Facebook: _____		
Veteran Status: If you are 18 or older (male), have you registered with Selective Service? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A					
If yes, what is your Selective Service Number: _____					
Disability: <input type="checkbox"/> Yes <input type="checkbox"/> Yes, special disabled <input type="checkbox"/> No			Recently Separated: <input type="checkbox"/> Yes <input type="checkbox"/> No		

EDUCATION INFORMATION

Are you currently attending Middle School, High School or College? <input type="checkbox"/> Yes <input type="checkbox"/> No				Are you a High School Dropout? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, what is your present grade? _____				Highest Grade Completed: _____		
In what year will you graduate? _____				Do you have a GED or Equivalent? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you a High School Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No						
SCHOOL(S) ATTENDED	DATE STARTED	DATE ENDED	COURSE/ MAJOR	DID YOU GRADUATE?		
				YES	NO	YEAR

WORK HISTORY

Have you been employed in the last six (6) months? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, Name of Employer: _____		
Job Title:	Start Date:	End Date:
Hours Per Week:	Reason for Leaving:	
Hourly Wage:	Name of Supervisor:	



IDENTIFYING INFORMATION

Name: _____ Social Security No.: _____

Job Gateway Participant ID # _____

I HEREBY CERTIFY, UNDER PENALTY OF PERJURY, THAT THE FOLLOWING INFORMATION IS TRUE:

I AM A YOUTH THAT HAS ONE OR MORE OF THE FOLLOWING BARRIERS (CHECK ALL BARRIERS THAT APPLY):

- | | |
|------------------------------------|--|
| Individual with a Disability | <input type="checkbox"/> High School Dropout |
| Homeless, Runaway, or Foster Child | <input type="checkbox"/> Pregnant or Parenting Youth |
| Offender | <input type="checkbox"/> Transportation |
| English Language Learner | <input type="checkbox"/> Basic Skills Deficient |
- Is an individual who requires additional assistance to complete an educational program or to secure and hold employment

I ATTEST THAT THE INFORMATION STATED ABOVE IS TRUE AND ACCURATE, AND UNDERSTAND THAT THE ABOVE INFORMATION, IF MISREPRESENTED, OR INCOMPLETE, MAY BE GROUNDS FOR IMMEDIATE TERMINATION AND/OR PENALTIES AS SPECIFIED BY LAW.

APPLICANT'S SIGNATURE and DATE

APPLICANT'S PHONE NUMBER

PARENT OR GUARDIAN CONSENT FORM

(required if under 18)

I, _____, give permission to release all information
(Parent/Guardian Signature)
necessary for my son/daughter, _____, to participate in the youth program.
(Print Child's Name)

This authorization is granted to contact – if needed – schools, government agencies, and/or social service agencies.

PARENT OR GUARDIAN SIGNATURE and DATE (required if under 18)

The above Self-Certification is being utilized for verification of eligibility of the person whose signature appears above.

CERTIFICATION

I certify that the individual whose signature appears above provided the information recorded on this form.

CareerLink Counselor's Signature/Date: _____

Secondary Reviewer's Signature/Date: _____



STATEMENT OF FAMILY SIZE/FAMILY INCOME

Name: _____ Participant ID No.: _____
 List family members that reside in household, relationship, last six (6) months income, and source of income.

Family Members Names	Relationship to Applicant	Source of Income	Family Member Income (Last Six Months)
Total Number in Family:			Total Income:

Sources of income: Employment, Self-Employment, Pension, Alimony, Worker's Compensation, and Social Security Retirement/Survivor Benefits

*****You MUST include copies of proof of income such as pay stubs, social security benefits, public assistance records, etc.*****

Additional Sources of Family Income not included in Income Eligibility: (validation documentation must be included)

- Does your family currently receive Cash Public Assistance? Yes No
- If not, did your family receive Cash Public Assistance within the last six (6) months? Yes No
- Does your family receive Food Stamps? Yes No
- If not, did your family receive Food Stamps within the last six (6) months? Yes No
- Does anyone in your family receive Supplemental Social Security (SSI)? Yes No
- Does anyone in your family receive Social Security Disability Income? Yes No
- Do you receive child support? Yes No

I attest to the best of my knowledge that the information above is true and correct.

 Signature of Applicant Date

 Signature of Parent or Guardian Date



**Westmoreland Fayette WIB
Demographic Data Sheet**

NAME: _____

PROGRAM: _____

Date: _____

Please Check all boxes that apply:

Dropout

Foster Care/Aging Out

Out-of School Youth

In-School Youth

Disability

Adjudicated or at-risk of being court involved

Incarcerated parent(s)

Homeless/Runaway

Migrant

Pregnant or Parenting

English Language Learner

Male

Female



SELF-ATTESTATION

IDENTIFYING INFORMATION			
Applicant's Name			
	Last	First	MI
Address			
Participant ID Number		Application Date	

I HEREBY CERTIFY UNDER PENALTY OF PERJURY, THAT THE FOLLOWING INFORMATION IS TRUE:

The information I have provided to the Workforce Innovation and Opportunity Act (WIOA) provider that is in this application: Social Security Number, United States citizenship/eligibility to work, employment status and education status are true and accurate. Additional information regarding barriers and demographics should be described below:

I ATTEST THAT THE INFORMATION STATED ABOVE IS TRUE AND ACCURATE AND UNDERSTAND THAT THE ABOVE INFORMATION, IF MISREPRESENTED OR INCOMPLETE, MAY BE GROUNDS FOR IMMEDIATE TERMINATION AND/OR PENALTIES AS SPECIFIED BY LAW.

 APPLICANT'S SIGNATURE DATE

SIGNATURE OF PARENT OR GUARDIAN (as needed)

The above Self-Attestation is being utilized for verification of the following eligibility criteria;

ATTESTATION	
I certify that the individual whose signature appears above provided the information recorded on this form.	
Counselor's Signature/Date:	
Or	
Witness Signature/Date:	

