



MARLBOROUGH SUMMER JOBS PROGRAM 2014

Youth Employment Application



APPLICANT INFORMATION: FOR YOUTH 16+ GRADUATING OR ENTERING THEIR JUNIOR AND SENIOR YEAR IN HIGH

How did you hear about Marlborough Summer Jobs Program?

Date	Name		
Age	DOB		
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		

Social Security No.

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Are you currently in High School or Graduating this year? YES NO

Sex Male Female

Ethnicity White Brazilian Black Hispanic Asian Mixed-Race Other

Transportation I own a vehicle I do not own a vehicle but have access to public transportation

Current Living Status Alone With Family How many people do you live with

Emergency Contact Information:	Name	Relationship to you
Cell	Email	

Please check all that apply to you (this information will not prevent you from a summer job with us)

Limited English Speaking YES Disabled YES Pregnant/Parenting YES Runaway/Homeless YES Foster Child YES On Probation YES Been incarcerated YES

DISCLAIMER AND SIGNATURE – IF OVER AGE 18

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature	Date
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DISCLAIMER AND SIGNATURE OF PARENT/GUARDIAN IF UNDER AGE 18

I certify that these answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in the release of the said youth.

Signature	Date
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The information you provide in this form will be used to assess your eligibility for the Marlborough Summer Jobs program as well as allow us to provide you with the appropriate services. Your personal information will not be shared with anyone outside of Partnerships for a Skilled Workforce, Inc. or your employer.

Please submit this application either: via email – awaddicor@marlborough-ma.gov
or Via fax – 508-281-6911
or send to PSW, Inc. 420 Lakeside Avenue 3rd floor, Marlborough, MA 01752

DEADLINE FOR APPLICATION IS FRIDAY, MAY 30, 2014