Albany | (518) 434-5723 | 175 Central Avenue, Albany, NY 12206
Rensselaer | (518) 270-2860 | 1600 Seventh Avenue,
Troy, NY 12180 Schenectady | (518) 344-2749 | 797 Broadway,
Schenectady, NY 12305

2022-2023 Application: Out of School 18 to 24 Years Old

Application Checklist:

You **must** include all of the following in order to be enrolled / employed in our programs:

- ❒ Application (pg.1)
- ❒ Employment Info. Form (pg.2)
- ❒ List of goals (pg.3)
- ❒ Emergency Info. Form (pg. 4)
- ❒ Release of Information (pg. 5)
- ❒ Copy of Photo ID (18+ or not in school)
- ❒ Copy of Social Security Card
- ❒ Copy of Birth Certificate
- ❒ Selective Service Letter (18+ males)

PLEASE MAKE SURE TO INCLUDE ALL DOCUMENTS!



1. **COMPLETE** application online using this fillable pdf or in pen and attach all required documents.
2. **REVIEW** application for completeness and accuracy, fill in all blanks.
3. **SUBMIT** completed application and required documentation.

Completion of an application does not guarantee you a position – positions are contingent on funds from grants and the State and Federal Government, you must be determined eligible for the program under guidelines provided by these funders to participate.

Name: _____ **Social Security #**: _____-_____-_____

Address: _____ _____ NY _____
Street Address & Apt. # City Zip Code

If you move or your phone number changes, it is your responsibility to inform your Career Center ASAP and to email us at coach@youthfulimpact.org

Phone #: (___)_____-_____ **E-mail**: _____

Date of Birth: ____/_____/_____ **Age**: _____ **Gender**: ☐ Male ☐ Female ☐ Other

Ethnicity: (Check all that apply)
☐ Black ☐ American Indian ☐ Asian
☐ White ☐ Alaskan ☐ Pacific Islander
☐ Hispanic ☐ Hawaiian ☐ Other: _____

Are you a U.S. Citizen? ☐ Yes
☐ No, _____ (Alien #), _____ (INS form #), _____ (Date of entry into the U.S.)

Are you registered with the Selective Service System? (Required only for males 18+)
☐ Yes, receipt #: _____ ☐ No ☐ Not applicable

Education (check all that apply):
☐ In GED/TASC or College Name of School: _____
☐ Out of School - Dropped Out Last grade completed: _____
☐ Out of School - HS Graduate or obtained GED/TASC Name of School: _____

Including yourself, how many family members are living in your household? _____

How did you hear about the Capital Region Youthful Impact Google Certificates Program? _____

Is the applicant:
In Foster Care or a resident in a Group Home? ☐ Yes ☐ No
Disabled? ☐ Yes, describe _____ ☐ No
A teenage parent or expecting a child? ☐ Yes, describe _____ ☐ No

EMPLOYABILITY ASSESSMENT

Are you currently employed?	☐ Yes ☐ No ☐ Full Time ☐ Part Time
If you are PT are you looking for full time work?	☐ Yes ☐ No
If you are not employed are you looking for work?	☐ Yes ☐ No

What prevents you from getting employment now?

☐ Child care
☐ Transportation
☐ Lack of Necessary skills (please specify)
  ☐ Occupational or Technical
  ☐ Reading
  ☐ Math
  ☐ Other _____
☐ Driver's License
☐ Court involvement
☐ No work experience
☐ Work Related Clothes or equipment
☐ Disability
☐ Pregnancy
☐ Homelessness
☐ Other (please specify) _____

EMPLOYMENT HISTORY

☐ No Employment History

Job #1

Employer name and location	Start-end dates	# of hours weekly	$ per hour
Job title and description of duties		Reason for leaving	

Job #2

Employer name and location	Start-end dates	# of hours weekly	$ per hour
Job title and description of duties		Reason for leaving	

Signature of Applicant: _____ Date: _____

"To Do List" (Goals/Action Steps)

For each goal, describe the action steps, persons/organizations involved to help youth reach goal, projected and actual dates to reach goal, and which, if any, performance indicator the goal is tied to (e.g. placement in employment)

Goal #1 (describe how goal is tied to career pathway)

Action Steps:

1. _____
2. _____
3. _____

Date Signed _____ Youth Signature _____

Goal #2 (describe how goal is tied to career pathway)

Action Steps:

1. _____
2. _____
3. _____

Date Signed _____ Youth Signature _____

Goal #3 (describe how goal is tied to career pathway)

Action Steps:

1. _____
2. _____
3. _____

Date Signed _____ Youth Signature _____

Goal #4 (describe how goal is tied to career pathway)

Action Steps:

1. _____
2. _____
3. _____

Date Signed _____ Youth Signature _____

Goal #5 (describe how goal is tied to career pathway)

Action Steps:

1. _____
2. _____
3. _____

Date Signed _____ Youth Signature _____

Goal #6 (describe how goal is tied to career pathway)

Action Steps:

1. _____
2. _____
3. _____

Date Signed _____ Youth Signature _____

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2022-2023 Employment Program
Emergency Information Form

Applicant's Name: _____ Date: _____

I understand that I am applying for a position through one of the Capital Region Career Centers. I hereby authorize and give my consent to any area medical facility to examine and treat

_____
Print Applicant's Name

in the event that such employee requests or requires examination or treatment in an emergency.

Worksite Supervisors are responsible for providing/obtaining emergency medical attention for participants at a worksite. The following form might facilitate any emergency situation.

_____ Allergies or Reactions: _____

_____ Prone to Seizures

_____ Medication Required: _____
Career Center/Worksite is not responsible for securing or administering routine medication

_____ Other Medical Concerns: _____

_____

Worker's Compensation Forms must be completed within 24 hours of any accident. Please alert your Career Center immediately of any emergency

Emergency Contact Name & Relationship	Cell Phone #	Home Phone #	Work Phone #	Address
1.				
2.				
3.				

I understand that the information above will be used in the event of an emergency and will be shared with the youth applicant's Worksite Supervisor. I attest that the above information is complete and accurate.

Signature of Applicant: _____ Date: _____

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2022-2023 Employment Program
Releases of Information

Name of Applicant: _____ Social Security #: _____-___-_____

CONSENT TO RELEASE CONFIDENTIAL INFORMATION:

I agree to authorize Capital Region Career Centers Program and Youthful Impact to gather and/or release information about the youth applicant named above pertaining to worksite location, work schedule, attendance, attitude/conduct, demographic information, academic information, performance evaluations, medical information, psychological information, treatment plan, financial status, family composition, and/or extra-curricular activities.

This is a reciprocal release whereby Capital Region Career Centers Program and Youthful Impact can release to and/or gather information from people/agencies including the youth applicant's family, worksite staff, school staff, advocate(s), caseworker(s), probation officer(s), medical/mental health professionals, and Capital Region WDB Career Center partner agencies/businesses as needed.

I understand that this information will be shared only in the best interest of supporting the youth applicant in their work experience. This consent is valid starting on the date of application and will expire one year from the date of application listed on the application page (page 1).

Signature of Applicant: _____

EMPLOYMENT REFERENCE CONSENT:

I authorize Capital Region Career Centers Program and Youthful Impact to give the youth applicant named above a positive or neutral (dates of employment) job reference based on their performance in the program. This consent does not expire.

Signature of Applicant: _____

MEDIA CONSENT AND RELEASE:

I authorize Capital Region Career Centers Program and Youthful Impact, its' partner agencies/ businesses, and any media subsidiaries covering the Employment Program to record and edit the likeness of, interview, quote, photograph, record audio, take video footage (henceforth referred to as photographic or electronic reproductions) of the youth applicant named above. These photographic and electronic reproductions may be used for publication, educational, exhibition, marketing, and social media purposes and I understand that the youth applicant and I are not entitled to any compensation or remuneration with respect to our involvement in any media contact. This consent is valid starting on the date of application and will expire one year from the date of application listed on the application page (page 1).

Signature of Applicant: _____