

The Career Leap Employment Application

This is an agreement between the youth/young adult, his/her parent(s), (if applicable) and **Communities In Schools of Memphis** to participate in the Career Leap youth program. This a paid work experience for 8-10 weeks, \$10.00 per hour, and will be for 12-15 hours per week.

Personal Information:

Name _____ Application Date _____

Home Phone _____ Cell Phone _____

Home Address _____

City, State, Zip Code _____ E-mail _____

Birth Date _____ Social Security Number _____

Parents/Guardian: Mother _____ Father _____

Emergency Information:

1. Person to Contact in Emergency _____

Relationship to Employee _____

Phone Number _____ Phone _____

E-mail Address _____

2. Person to Contact in Emergency _____

Relationship to Employee _____

Phone Number _____ Phone _____

E-mail Address _____

Days available to work: (Circle) Monday Tuesday Wednesday Thursday Friday

Youth Print Name _____ Signature _____ Date _____

Parent(s)/Guardian Print Name (if under 18) _____ Signature _____ Date _____