



# Northeast Missouri Workforce Development Board, Inc. Summer Job League 2019 Application

**LaBelle Fax: 660.213.3223    Kirksville Fax: 660.785.2404    Macon Fax: 660.385.6576**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell # \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 SSN# \_\_\_\_\_ Birth date \_\_\_\_\_ Age \_\_\_\_\_ E-mail \_\_\_\_\_

**LIST ALL PERSONS WHO LIVE IN THE HOME**

Name	Relationship	Date of Birth	Male or Female	Are they attending school? If so, what school?	Income (last 6 months)

**FAMILY INFORMATION** (used to help determine program eligibility) (Check the appropriate answer)

Does your family currently receive any of the following?

Food Stamps? Yes _____ No _____ TANF? Yes _____ No _____ Do you have a high school diploma? Yes _____ No _____ Are you an offender? Yes _____ No _____	If currently enrolled in high school, do you have an Individual Education Plan (IEP)? Yes _____ No _____ Do you plan or are you attending college/votech? Yes _____ No _____ If yes, field of study? _____
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**PRACTICAL ISSUES**

Do you have a current driver's license? Yes \_\_\_\_\_ No \_\_\_\_\_ Do you have a car? Yes \_\_\_\_\_ No \_\_\_\_\_ If the answer to the above question(s) is no, how do you plan on getting to work? \_\_\_\_\_

**EDUCATION HISTORY**

SCHOOL NAME	DATES ATTENDED	COMPLETION? IF NO, WHY	HIGH GRADE COMPLETED
High School or (GED): _____			
COLLEGE: _____			

**WORK HISTORY**

Company Name	Dates Worked	Title	Duties	Salary	Reason for Leaving

**CURRENT INTERESTS**

What would be your ideal job? \_\_\_\_\_  
 What type of work would you be interested in doing right now? \_\_\_\_\_  
 What do you see yourself doing in 5 years? \_\_\_\_\_  
 If applicable, list all activities and/or clubs you belong to: \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature (n/a if 18 to 24) \_\_\_\_\_ Date \_\_\_\_\_

Summer Jobs 2019 Representative \_\_\_\_\_ Date \_\_\_\_\_