



Northeast Missouri Workforce Development Board, Inc.
YOUTH APPLICATION
Fax: 660-213-3223

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 _____ Unemployment Benefits? Yes _____ No _____ If so, which family member _____ Are you a veteran? Yes _____ No _____ Do you have a high school diploma? 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? _____ Have you done farm work in the last 2 years? Yes _____ No _____ Are you an Offender? Yes _____ No _____
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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 _____

WIOA Representative _____ Date _____