

Montgomery County's

Summer Youth Jobs Program

Making summer a season of growth.

Please return completed application as soon as possible!

Questions may be directed to Janelle Cauthen at 301-495-0441 ext. 223 or to Janelle@lavc-dc.org or fax form to 301-585-0115

Applications can also be mailed to: Janelle Cauthen 1320 Fenwick Lane, Suite 600/ Silver Spring, MD 20910

2009 Youth Application

(Please begin typing in the grey box)

Date:		Social Security #:		-	-
First Name:		Middle Initial:	Last Name:		
Street Address:				Apt. #:	
City:		State:	MD	Zip:	
Home Phone:	() -	Cell Phone:	() -	Email:	
DOB:		Age:		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Emergency Contact Information					
Name:			Phone #: () -		
Relationship to Applicant:					
Transportation: Please indicate how you will get to work.					
<input type="checkbox"/> Public Transportation	<input type="checkbox"/> Car	<input type="checkbox"/> Bike	<input type="checkbox"/> Walk	<input type="checkbox"/> Other	
Family Information					
# of family members:			Total Family Income (before taxes): \$		
Wages/Salary: \$			Child Support: \$		
(Examples of other income other than wages). You will have to bring the original copies of award letters.					
Alimony: \$	SSI: \$	TCA: \$	Other:		

Work Experience: Please list 2 employers (paid and volunteer)				
Organization/Position	Address, City, State, Zip	Phone # and Supervisor Name	Start/End Dates	Volunteer
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
Skills: Please note any specialized skills/experience				
<input type="checkbox"/> Computer Skills	<input type="checkbox"/> Data Entry	<input type="checkbox"/> Software		
<input type="checkbox"/> Cash Register / Retail	<input type="checkbox"/> Office Skills	<input type="checkbox"/> Construction		
<input type="checkbox"/> Other: please specify				
Check the type of jobs that interest you the most.				
<input type="checkbox"/> Working with Senior Citizens	<input type="checkbox"/> Working with Children	<input type="checkbox"/> Office Work		
<input type="checkbox"/> Landscaping/Maintenance	<input type="checkbox"/> Government	<input type="checkbox"/> Health Care/ Science		
<input type="checkbox"/> Sports & Recreation	<input type="checkbox"/> Video Production	<input type="checkbox"/> Arts/Theatre Project		
<input type="checkbox"/> Computer/Technology	<input type="checkbox"/> Other, describe			
Education				
School Name:		Student ID # :		
City:	State:	Zip:		
Last Grade of Attendance:	Did you officially withdraw?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
GED: <input type="checkbox"/> YES <input type="checkbox"/> NO	College:	<input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th		
School Official Use Only: School Verification				
If you have not graduated or received a GED, your school's verification must be completed.				
School Attended/Attending:			Grade:	GPA:
I certify the attendance report of :				
He/She was absent () days during the current/previous school year				
Does the student have any special needs? (i.e. learning or physical disabilities) <input type="checkbox"/> YES <input type="checkbox"/> NO				
If yes, please explain:				
Please Use School Stamp/Seal				
Signature of School Official:				
Date:				