



Youth Employment Programs Application Instruction Sheet



1. Application must be filled out completely and signed by the parent (if under age 18) and signed by the applicant.
2. Applicants must be 14 by May 22, 2020.
3. **NO MORE THAN TWO (2) YOUTH PER HOUSEHOLD CAN BE HIRED!**
Please be aware of this if more than TWO (2) apply.
4. Applications must be received no later than May 22, 2020 by 5:00 pm.
5. **APPLICATIONS WILL NOT BE ACCEPTED AFTER THE DEADLINE.**
6. Applications can be submitted to YEP & Garden Programs at 645 Canal Street, Evansville, IN 47713 or Memorial Baptist Church, 605 Canal Street, Evansville, IN 47713.
7. The following information must be attached to the application.
 - a. Copy of Total Household Income. This includes:
 - i. TANF printout if TANF is received
 - ii. SSI/SS printout/award letter if ANYONE in the house receives it
 - iii. Paystubs for the last sixty (60) days for EVERYONE employed in the household
 - iv. **If zero income, please request the zero income certification form**

IF THE ABOVE INFORMATION IS NOT ATTACHED TO THE APPLICATION THE APPLICATION WILL BE DENIED.

8. Once applications have been received and reviewed, interviews will be scheduled.
9. Applicants hired will be notified via phone, email or text message.
10. **MANDATORY PARENT/GUARDIAN ORIENTATION FOR NEW HIRES UNDER 18 WILL BE HELD: Parents/Students will be notified via phone, text message and/or email.**

*****YOU MUST ATTEND ONE OF THESE SESSIONS OFFERED TO COMPLETE THE HIRING PROCESS. FAILURE TO ATTEND WILL RESULT IN VOIDING THE APPLICANT ELIGIBILITY TO BE HIRED.*****



Memorial Community Development Corporation
Youth Employment Program



Date: ____/____/____

**Application
(Please Print)**

Last Name: _____ First Name: _____ M.I. _____

Street Address: _____

City: _____ ST: _____ Zip: _____

Home Telephone Number: (____) _____ Cell: (____) _____

Social Security Number: ____ -- ____ -- ____ DOB: ____/____/____ Age: ____

Email Address: _____

Facebook/Twitter Name (Handle): _____

Other Social Media: _____

JOB INTERESTS

What type of work are you interested in? <input type="checkbox"/> Youth Worker <input type="checkbox"/> Youth Supervisor (must be 18+) <input type="checkbox"/> Driver <input type="checkbox"/> Volunteer	Expected hourly wage? 	How were you referred? <input type="checkbox"/> Newspaper Ad/Radio Ad <input type="checkbox"/> Flier <input type="checkbox"/> Friend <input type="checkbox"/> Other Explain _____
Have you ever worked for us before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you willing to work outside? <input type="checkbox"/> Yes <input type="checkbox"/> No	Which Program do you prefer to work in? Lawn care/Cleanup _____ Garden _____



INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

Revised 2/26/2020

EDUCATION:

Type of School	Name of School	City, State	Circle number of years or highest grade completed	Type of degree earned	Grade Point Average
Middle School			6 7 8		
High School			9 10 11 12		
College			1 2 3 4		
Other			1 2 3 4		

EMPLOYMENT HISTORY:

PLEASE READ CAREFULLY: Begin with present or most recent employer and list the last two jobs in the past three years. Please include summer and part-time jobs.

Employer's Name:	Dates of Employment:	Position:	Starting Wage: \$ _____
Street Address:	From:	Name of Supervisor:	Ending Wage: \$ _____
City & State:	To:	Reason for Leaving:	
Telephone #:			

Employer's Name:	Dates of Employment:	Position:	Starting Wage: \$ _____
Street Address:	From:	Name of Supervisor:	Ending Wage: \$ _____
City & State:	To:	Reason for Leaving:	
Telephone #:			



INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

Revised 2/26/2020

Medical Information:

Do you have allergies? Yes No Please List: _____

Do you take any medication for allergies or any other medical condition? Yes No

Can you provide a physician's statement stating such medication will not interfere or hinder your work performance? Yes No

(If yes, please make arrangements to have statement before the first day of scheduled work if you are hired.)

Emergency Contact Information:

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Best Contact: Home: ___ Work: ___ Cell: ___

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Best Contact: Home: ___ Work: ___ Cell: ___

PERSONNEL DATA

Do you have a legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	Enter alien registration number (if applicable)
Are there times or days you cannot work? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe.
Have you ever been convicted of a felony, or during the past 5 years have you been convicted of any crime? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe nature of crime, date and place of conviction.

Income Verification

The Memorial Youth Employment Program is funded in part by the City of Evansville Community Development Block Grant dollars. The program is an income based program created to provide training, employment and learning opportunities to households that fall within the income range guidelines. By completing this application you agree to attest that the following is true and will provide all required documentation to be considered eligible.

Income & Household Information:

My/Our Total Household Income from all sources is within one of the following ranges:

- \$0 - \$10,000 \$10,001 - \$19,500 \$19,501 - \$25,500
- \$25,501 - \$30,500 \$30,501 - \$35,500 \$35,501 - \$40,500
- \$40,501 - \$45,500 \$45,501 - \$50,500 \$50,501 & Above

Number of Person(s) living in Household:

- 1 2 3 4 5 6 7 8 9 10 11 +

List Name, Gender, Race, and Relationship of all those in the household. Race/Ethnicity will strictly be used as a grouping report and not as an identifier of YOU and YOUR family specifically (Please Print):

Name	Relationship	Gender	Age	Race
	Self (youth applying)	M or F		
	Head of Household	M or F		
		M or F		
		M or F		
		M or F		
		M or F		
		M or F		
		M or F		
		M or F		
		M or F		

1. How many of the above people over the age of 18 are employed? _____.
You must submit 60 days worth of paycheck stubs for the number of people listed here.
2. Does anyone in the household receive Social Security Benefits of any kind, SS, SSI, or SSD?
 Yes No

For each person who receives SS, SSI, or SSD, please attach the most recent letter from the Social Security Administration or obtain a printout from the SS office.

3. Does anyone in the house receive TANF? Yes No

Please attach a recent printout/letter from the Division of Family & Children Services stating benefit amounts.

****DO NOT INCLUDE FOOD STAMP AMOUNTS****

4. Is anyone in the household, over the age 18, unemployed? Yes No
 - **Do you/they receive unemployment benefits?** Yes No
 - **If you/they DO NOT RECEIVE unemployment benefits please request a 'Zero Income Certification Questionnaire' from the MCDC.**

Policy and Consent

I/We understand that this program will have a no tolerance policy for violence, drugs, profanity, behavior problems, and/or disruptive behavior of any kind. If under the age of 18, as the parent/legal guardian I hereby give blanket permission for my child to participate in the work and training program, attend all classes, activities, and field trips which might be associated with Memorial Community Development Corporation's Youth Employment Program and the Garden Market Program.

 Youth Signature and Date (mm/dd/yyyy)

 Print Name

 Parent/Guardian Signature and Date (mm/dd/yyyy)

 Print Name