

**JOB TRAINING FOR BEAVER COUNTY, INC.**

APPLICATIONS ARE BEING ACCEPTED FOR THE **JOB TRAINING SUMMER YOUTH PROGRAM**.  
**FILLING OUT AN APPLICATION IS NOT A GUARANTEE OF PLACEMENT.**

**PLEASE REMEMBER – YOU MUST BE 14 TO 21 TO APPLY FOR OUR PROGRAM AND MEET OUR ELIGIBILITY REQUIREMENTS. THE YOUTH PROGRAM IS YEAR ROUND AND BEING ACCEPTED INTO THE PROGRAM MEANS A COMMITMENT FROM OUR YOUTH THROUGHOUT THEIR ENROLLMENT.**

**RETURN THE COMPLETED FORM WITH THE INFORMATION REQUESTED BY APRIL 30, 2012 TO:**

**DROP OFF OR MAIL TO:** JOB TRAINING FOR BEAVER COUNTY, INC.  
277 BEAVER VALLEY MALL  
MONACA, PA 15061  
Attn: Youth Dept.

COPIES OF THE FOLLOWING ITEMS **MUST BE SENT IN** WITH YOUR APPLICATION!

- **SOCIAL SECURITY CARD**
- **BIRTH CERTIFICATE OR HOSPITAL, BAPTISMAL, PUBLIC ASSISTANCE RECORD**
- **PROOF OF ALL FAMILY INCOME-PAY STUBS OR EMPLOYER STATEMENT DATING BACK 6 MONTHS FROM DATE OF APPLICATION IS REQUIRED. \*A W-2 IS NOT ACCEPTABLE**
- **SELECTIVE SERVICE REGISTRATION \*IF MALE OVER 18 YEARS**
- **VERIFICATION OF DISABILITY, JUVENILE JUSTICE INVOLVEMENT, FOSTER CARE, PREGNANT, AND/OR PARENTING**

**IF YOU ARE UNDER THE AGE OF 18 A PARENT OR GUARDIAN SIGNATURE MUST BE ON ALL APPLICATIONS**

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT:

**BETH DEMORATZ YOUTH PROGRAM COORDINATOR 724-728-2020 EXT. 111**

## YOUTH PROGRAMS APPLICATION (ISY & OSY)

Social Security No. \_\_\_\_\_ Application Date \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_  
Last First MI

Phone No. \_\_\_\_\_ Cellular Phone No. \_\_\_\_\_ Alternate Phone No. \_\_\_\_\_

Address \_\_\_\_\_  
House Number and Street City State Zip

County Beaver City/Twp/Boro \_\_\_\_\_ Email \_\_\_\_\_

School \_\_\_\_\_ Last Grade Completed \_\_\_\_\_ What year did/will you graduate? \_\_\_\_\_

Reason for application: \_\_\_\_\_

**YOU MUST HAVE VERIFICATION FOR ALL "YES" ANSWERS TO ELIGIBILITY INFORMATION**  
 (for example: school records, physician's statement, etc)

1. Are you currently a: High/Middle School Student \_\_\_\_ Drop Out \_\_\_\_ GED \_\_\_\_ High School Grad \_\_\_\_ College Student \_\_\_\_
2. Were/are you in learning support at school? Yes \_\_\_\_ No \_\_\_\_
3. Do you have an Individual Education Plan (IEP)? Yes \_\_\_\_ No \_\_\_\_
4. Are you involved in Drug and/or Alcohol Treatment? Yes \_\_\_\_ No \_\_\_\_
5. Are you or have you been on probation? Yes \_\_\_\_ No \_\_\_\_ Name of Probation Officer? \_\_\_\_\_ Charge: \_\_\_\_\_
6. Do you have a physical, mental, or learning disability? Yes \_\_\_\_ No \_\_\_\_ Explain \_\_\_\_\_
7. Do you receive SSI? Yes \_\_\_\_ No \_\_\_\_
8. Are you currently homeless? Yes \_\_\_\_ No \_\_\_\_
9. Do you live in an institutional/shelter providing support/care? Yes \_\_\_\_ No \_\_\_\_ Explain \_\_\_\_\_
10. Are you/or have you been a Foster Child? Yes \_\_\_\_ No \_\_\_\_
11. Are you a parent? Yes \_\_\_\_ No \_\_\_\_
12. Does the child live with you? Yes \_\_\_\_ No \_\_\_\_
13. Are you pregnant? Yes \_\_\_\_ No \_\_\_\_

**FAMILY INCOME**

1. Do you or your parent(s)/guardian(s) receive cash assistance? Yes \_\_\_\_ No \_\_\_\_
2. Have you or your parent(s)/guardians(s) received Food Stamps in the last 6 months? Yes \_\_\_\_ No \_\_\_\_

Please list below: **ALL family income sources received in the last 6 months by ALL dependents claimed on Income Tax**  
 Must include Pay Stubs to verify!

<u>Family Member's Name</u>	<u>Relationship to applicant</u>	<u>Source of Income</u>	<u>Gross Income Last 6 months</u>

**CITIZENSHIP:** US Citizen Yes \_\_\_ No \_\_\_ Eligible (non citizen) Yes \_\_\_ No \_\_\_ **Gender:** Male \_\_\_ Female \_\_\_

**RACE/ETHNIC GROUP:** White \_\_\_ Black \_\_\_ Hispanic \_\_\_ American Indian/Alaska Native \_\_\_ Asian/Pacific Islander \_\_\_

**MALES 18 or older must be registered for Selected Service. ARE YOU REGISTERED?** Yes \_\_\_ No \_\_\_

**If not, may we register you?** Yes \_\_\_ No \_\_\_

**WORK HISTORY OF THE APPLICANT**

List all jobs for the past 26 weeks that **you, the applicant,** have held:

<u>LAST OR PRESENT EMPLOYER</u>	<u>JOB TITLE</u>	<u>HRS/ WEEK</u>	<u>START DATE</u>	<u>END DATE</u>	<u>HOURLY WAGE</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

List your job skills, special training or job interest: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have transportation? Yes \_\_\_ No \_\_\_ Driver's license Yes \_\_\_ No \_\_\_ Access to a car/public transportation? Yes \_\_\_ No \_\_\_

Explain any physical limitations or allergies you may have: \_\_\_\_\_  
\_\_\_\_\_

**IF YOU ARE IN SCHOOL AND UNDER 18, YOU MUST OBTAIN AND PROVIDE US WITH A COPY OF YOUR WORK PERMIT**

How did you hear about the youth employment /training program: \_\_\_Newspaper \_\_\_CareerLink \_\_\_School \_\_\_Welfare  
\_\_\_Friend/Family \_\_\_Other (please specify) \_\_\_\_\_

I certify that the information provided is true to the best of my knowledge. I am also aware that the information I have provided is subject to review and verification (including wage records and unemployment compensation information), and that I may have to provide documents to support this application. I am also aware that I am subject to immediate termination if I am found ineligible after enrollment and may be prosecuted for fraud and/or perjury. I allow release of this information for verification purposes and understand that it will be used to determine eligibility.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian (if under 18)

\_\_\_\_\_  
Date

*Auxiliary aids and services are available upon request to individuals with disabilities. Equal Opportunity Employer Program.*

02/19/2010

**AUTHORIZATION TO RELEASE INFORMATION**

**TO BE COMPLETED BY ALL MIDDLE OR HIGH SCHOOL STUDENTS/PARENTS**

**Instruction for Parents**

1. Please complete top portion and return this form to your school, giving them permission to complete bottom portion.
2. The completed school verification form should be returned with the completed application packet to JTBC, Inc.

**Release of information**

I \_\_\_\_\_ hereby give permission for \_\_\_\_\_ to  
 (Parent/Guardian) (School District)  
 release information and school records of \_\_\_\_\_ to Job Training for  
 (Student)  
 Beaver County, Inc. (JTBC). I understand that JTBC will only use this information for the  
 purpose of verifying program eligibility.

***All information received will be kept strictly confidential.***

\_\_\_\_\_  
 Parent/Guardian Signature Date

**SCHOOL VERIFICATION**

**THIS PORTION MUST BE COMPLETED BY A SCHOOL OFFICIAL**

Student Name: \_\_\_\_\_

School District: \_\_\_\_\_

Is this student a U.S. Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_

Does student have an IEP? Yes \_\_\_\_\_ No \_\_\_\_\_

Is this student in special education or learning support? Yes \_\_\_\_\_ No \_\_\_\_\_

Last grade student completed: \_\_\_\_\_

Student's most recent standardized test grade level scores: Math Grade Level \_\_\_\_\_ Reading Grade Level \_\_\_\_\_

Additional comments that may be helpful in working with this student: \_\_\_\_\_

**I CERTIFY THE ABOVE INFORMATION IS TRUE AND CORRECT**

\_\_\_\_\_  
 Signature of School Official Title Date

WIA SERVICES:  
Application Form

APPLICANT CERTIFICATION

I certify that the information provided is true to the best of my knowledge.

I am aware that the information I have provided is subject to review and verification, (including wage records and unemployment compensation information), and that I may have to provide documents to support this application.

I am aware that I am subject to immediate termination if I am found ineligible after enrollment and may be prosecuted for fraud and/or perjury.

I allow release of this information for verification purposes and understand that it will be used to determine eligibility.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

PENNSYLVANIA CAREERLINK STAFF CERTIFICATION

I HAVE REVIEWED ALL THE ABOVE INFORMATION SUPPLIED BY THE APPLICANT AND HAVE FOUND IT TO BE A REASONABLE REPRESENTATION OF THE INDIVIDUAL'S STATUS AT THE TIME OF THE INTERVIEW.

\_\_\_\_\_  
Signature of Certifier

\_\_\_\_\_  
Date

Auxiliary aids and services are available upon request to individuals with disabilities. Equal Opportunity Employer/Program.

**AUTHORIZATION TO RELEASE/RECEIVE INFORMATION**

I authorize Job Training for Beaver County, Inc. (JTBC) to release information to & receive information from government agencies or other service providers so I may qualify for services offered by JTBC. This release also includes the authority to copy any papers, forms or documents. I authorize that a photocopy of this document will serve as authorization to obtain information from government agencies & other service providers.

**STATEMENT OF RECEIPT OF APPLICANT RIGHTS**

I certify that I have received, read & understand my *Civil Rights & Grievance Procedure* as an applicant or participant.

**ACKNOWLEDGMENT OF RESPONSIBILITY**

I acknowledge that it is my responsibility to notify my case manager at JTBC of any changes to my address or employment status.

**NEPOTISM/CONFLICT OF INTEREST STATEMENT**

I certify that I am not related to any JTBC board/staff member, Beaver County Commissioner, Workforce Investment Board Member unless that person is named below:

Name	Relationship to you	Position or Capacity
_____	_____	_____

**CONSENT TO USE PROGRAM PARTICIPATION INFORMATION**

I give my written consent to JTBC, Southwest Corner WIB, Southwest Training Services, Inc., & PA Department of Labor & Industry Bureau of Workforce Development Partnership to use my program participation information including my pictures/quotes in videos, PowerPoint, newspapers, website, brochures, television, magazines, board reports & meetings, and/or newsletters consistent in good taste & not derogatory, degrading, or detrimental to me in any way. I understand that I will not receive any compensation of any kind at any point in time for the use of my program participation information including my pictures/quotes.

\_\_\_\_\_ **APPROVE**                      \_\_\_\_\_ **DO NOT APPROVE**

I realize that program participation extends beyond summer activities & continues throughout the school year. I also understand that failure to abide by all of Job Training for Beaver County, Inc. policies may result in my termination.

**Signature of Youth Program Participant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name of Youth Program Participant:** \_\_\_\_\_

**Signature of Parent or Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name of Parent or Guardian:** \_\_\_\_\_

**Witnessed by WIA Representative:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**JTBC, INC. ATTENDANCE & DISCIPLINARY POLICY**

## ATTENDANCE POLICY

Employees are expected to be at work regularly and on time. Recurrent absences reflect poorly on an employee and have a negative effect on his/her job performance.

### CALLING OFF

If you are sick, or an emergency prevents you from attending work, you **MUST** call your Manager or Supervisor *before* your scheduled starting time.

### CHRONIC ABSENTEEISM

Chronic absenteeism, even with proper notice, is unacceptable. A third absence will result in a written warning. Further absences may result in suspension without pay or even termination.

### ABSENCE DUE TO ILLNESS

In case of absence due to illness, a physician's excuse may be required to prevent the consequences listed above. A release from your physician may also be required before you can return to work if you have been under a physician's care.

### UNREPORTED ABSENCES

A first unreported absence will result in a written warning. Subsequent absences without notice may result in suspension without pay or even termination.

Three consecutive absences without notice will be considered a voluntary resignation or termination.

### TARDINESS

Reporting for work and returning from break periods as scheduled is also expected and is important to building effective work habits. If you cannot avoid being late, it is your responsibility to call your Manager or Supervisor as soon as you realize you will be late.

Chronic tardiness will be dealt with much the same as chronic absenteeism. **A third tardiness will result in a written warning. Further acts of tardiness may result in suspension without pay or even termination.**

## DISCIPLINE POLICY

Respect and discipline are important factors in every workplace. Wasting time, unsafe work habits, refusal to work or follow orders, fighting, profanity, walking off the job or other forms of disrespect will not be tolerated.

A verbal warning will be given for a first offense, followed by a Disciplinary Action Notice if unacceptable behavior continues. The Disciplinary Action Notice will outline the behavior witnessed, along with the action to be taken.

Comments from the Program Supervisor or Case Manager, as well as the participant involved, should be included on the notice describing the incident. **Participants may be fired for on-going disciplinary problems.**

### **\*\*\*\*\*IMMEDIATE TERMINATION\*\*\*\*\***

**These issues are reason for immediate dismissal from JTBC programs and activities. There is no discretion regarding these issues.**

- Threatening comments or behavior.
- Physical conflicts of any kind.
- Possession, use or being under the influence of drugs and alcohol while on the job.
- Cell phone use.
- Possession of a weapon or implements that could be used as a weapon.
- Damage to, or vandalism of building or property of any worksite.
- Equipment tampering or theft.
- Sexually suggestive remarks and/or actions will not be tolerated.

Signature \_\_\_\_\_

Date \_\_\_\_\_