



Occupational Therapy Training Program

A Division of
Special Service for Groups

EMERGENCY CONTINGENCY FUND (ECF) SUMMER YOUTH EMPLOYMENT PROGRAM APPLICATION

PROGRAM ELIGIBILITY (ECF-SYEP participant must meet the one of the following verifiable conditions; please check the one that applies)

CALWORKS HOUSEHOLD (AGE 14-19)

GENERAL RELIEF RECIPIENT (AGE 18-24)

FOOD STAMP HOUSEHOLD (AGE 14-19)

FORMER FOSTER YOUTH (AGE 18-24)

FOSTER YOUTH (AGE 14-19)

*ECF-SYEP PARTICIPANTS MUST MEET THE NEEDY FAMILY DEFINITION

NAME:

_____ (LAST) _____ (FIRST) _____ (MIDDLE)

ADDRESS:

DATE OF BIRTH _____ AGE _____

IF YOU ARE UNDER AGE 18 DO YOU HAVE A WORK PERMIT?*

YES _____ NO _____

(*NOTE: YOUTH UNDER AGE 18 MUST SUBMIT VALID WORK PERMIT)

PHONE: HOME () _____ CELL () _____

EDUCATION AND TRAINING

COLLEGE/UNIVERSITY	MAJOR	YEARS	DEGREE/DIPLOMA
HIGH SCHOOL			
SPECIAL TRAINING			

Promoting Possibilities

PERSONAL

1. Can you provide verification of your legal right to work and be employed in the United States? (Proof of identity and legal authority to work in the U.S. is a condition of participation in the program)

Yes _____ No _____

2. If hired, do you have reliable transportation? Yes _____ No _____

If not, do you have a bus pass? Yes _____ No _____

3. If hired, can you work any day of the week? Yes _____ No _____

If not, please explain:

4. Are you in summer school? Yes _____ No _____

If so, what school? _____

What day and time _____

5. What shift do you prefer? Morning _____ Afternoon _____ Evening _____

Desired time: _____

6. Have you ever been convicted of a crime other than a traffic violation?*

Yes _____ No _____

(Note: Please exclude misdemeanor convictions for marijuana-related offenses more than two years old; convictions that have been sealed expunged, or legally eradicated; and misdemeanor convictions for which probation was successfully completed or otherwise discharged and the case was judicially dismissed. A conviction is not an automatic bar to employment.)

If Yes, please explain and state the charge, the court, the date of the conviction, and the disposition of the case:

7. If needed, can you provide an alternate address where you would like any program information or pay check to be sent?

* Note: Some states limit the types of crimes (e.g. felonies) for which information can be sought and the time frame during which employers can inquire about convictions.

8. How long have you been unemployed? _____

Why? _____

9. Who should be contacted in case of an emergency?

Name: _____

Address: _____

Relationship: _____

Home Phone: _____ Cell Phone: _____

ACKNOWLEDGEMENT

(Initial each line)

___ I understand that misrepresentation or omission of the facts called for hereon, receipt of unsatisfactory references, failure to pass fingerprinting clearance, or failure to pass a prescribed physical examination will be sufficient cause for dismissal from SSG service if I shall have been employed.

___ I understand I may be discharged at any time for my inability to adapt myself to the requirements and duties of my employment.

___ I understand that all offers of employment are conditioned upon my providing satisfactory documentary proof of my identity and legal right to live and work in the United States.

___ In consideration of employment, I agree to obey the rules and standards of SSG. I further agree that my employment and compensation can be terminated at will, with or without cause, and with or without notice, at any time, either at my option or at the option of SSG. I understand that nothing contained in this application or in the interview process is intended to create a contract between SSG and myself for either employment or for the provision of any benefits.

___ I hereby acknowledge that I have read the above statements and understand them. I certify that I, the undersigned applicant, have personally completed this application. I declare under penalty of perjury that the facts contained in the application (or any resume or other documents submitted) are true and complete to the best of my knowledge. I understand that any misrepresentations or omissions will disqualify me from further consideration for employment, and will be justification for my dismissal from employment, if discovered at a later date.

Applicant Signature _____ Date _____