

Emery's Young Entrepreneurs

A Career Internship Program for Emeryville's Youth

1100 47th Street, Emeryville, CA 94608

510.601.4907

PROGRAM & JOB APPLICATION

Applicant's Last Name

First Name

MI

Gender

Birth Date

Social Security Number

Age – Youth 14-24 are eligible

Cell Phone Number

Home Phone Number

Alternate Phone Number

Home Address - Youth must live in Emeryville

City and Zip Code

What is your ethnicity? Please check all that apply.

African American (non Latino Black)

Latino

Arabic _____

Asian/Pacific Islander _____

White (non Latino White)

Asian Indian _____

Other - Please specify _____

Citizenship and Employment Eligibility – Please check all that apply.

US Citizen

Alien Registration

Student Visa

Amnesty Program

Other _____

If you were not born in the United States, what is your country of birth? _____

Parent/Guardian Name

Phone Number

Alternate Contact Name (Relative or Friend)

Phone Number

SCHOOL & JOB TRAINING QUESTIONNAIRE

Are you a student?

Yes No

If Yes, where? _____

Are you attending school this summer?

Yes No Not sure

If Yes, where? _____

Have you graduated from High school?

Yes No

If No, still in school? Yes No

What school will you attend next school year? _____

What grade are you in right now? 7th 8th 9th 10th 11th 12th GED HS Equivalency College

Have you ever participated in another job training program? Yes No

In what areas are you interested in working or receiving training? Please check ALL that apply.

Office Administration

Computer Technology

Recreation/Childcare

Retail Sales

Health Services

Animal Care

Construction/Carpentry

Customer Service

Education

Food Services

Law Enforcement

Auto Servicing

Fire/Public Safety

Arts/Arts Administration

Social Services

Public Works

Architecture

Public Relations

Green Technology

Finance/Investment

Small business ownership

Human Resources

Medicine

Gardening

Other _____

Other _____

Other _____

Other _____

WORK EXPERIENCE

Please list your two most recent job experiences. You may include paid, volunteer and/or job training experiences.

Name of Company	Supervisor's Name & Phone Number	Hourly Wage	Start Date	End Date
Job Title & Duties	Reason for Leaving			

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NEEDS ASSESSMENT QUESTIONNAIRE

To participate, you must meet certain criteria. Please check **ALL** of the options below that apply to you.

- | | | |
|---|--|--|
| <input type="checkbox"/> Currently on parole or probation | <input type="checkbox"/> Family gets food stamps | <input type="checkbox"/> Current Grade Point Average below 2.0 |
| <input type="checkbox"/> Ward of the Court | <input type="checkbox"/> Pregnant and/ or parenting | <input type="checkbox"/> Have not passed the CAHSEE |
| <input type="checkbox"/> Currently in foster care | <input type="checkbox"/> No childcare available | <input type="checkbox"/> Have been suspended or expelled |
| <input type="checkbox"/> Emancipated from foster care | <input type="checkbox"/> Have a handicap or disability | <input type="checkbox"/> Have dropped out of school |
| <input type="checkbox"/> Group home resident | <input type="checkbox"/> No reliable transportation | <input type="checkbox"/> Have missed 6 or more days of school |
| <input type="checkbox"/> Public housing resident | <input type="checkbox"/> No driver's license | <input type="checkbox"/> Have a learning disability |
| <input type="checkbox"/> Section 8 housing resident | <input type="checkbox"/> Have an emotional disability | <input type="checkbox"/> Got a "C" or below in Math last semester |
| <input type="checkbox"/> Family gets cash aid from Alameda County (TANF, GA, SSI) | | <input type="checkbox"/> Got a "C" or below in English last semester |
| <input type="checkbox"/> Have known someone or been a victim of gun violence | | <input type="checkbox"/> Have been a victim of a crime |

SKILLS & INTERESTS

What are your hobbies, interests, and passions? _____

What special skills and abilities do you have? _____

Describe your computer skills. _____

List all of the languages that you speak fluently. _____

What special strengths do you bring to the workplace? _____

APPLICANT CERTIFICATION

- I certify that all of the above information is true and correct to the best of my knowledge.
- I understand that in order to participate in this program, I must attend the required preparatory workshops and provide all the necessary forms and documents including my actual Social Security card, a resume, proof of Emeryville, 94608 residency *AND* either an official California photo identification card or my birth certificate with my school ID or report card.
- I declare that I currently reside at _____ in Emeryville, CA 94608 with my parent/guardian, _____
(Print street address here)
(Print the name of parent/guardian here, if applicant is younger than 18 years)
- I understand that E.Y.E. is a workforce development program.
- I understand that the submission of an application is not a guarantee of placement.
- I understand that if I am accepted, I agree to attend all required orientation and preparation classes, including workplace skills training at Berkeley City College (or other assigned institution) for college credit.

Name of Applicant, printed

Signature of Applicant

Date

PARENT CERTIFICATION

- I hereby grant permission to _____ for who I am the legal guardian, to be employed in the summer career internships offered through Emery's Young Entrepreneurs (E.Y.E.) programs.

Name of Parent/Guardian, printed

Signature of Parent/Guardian

Date