

WorkReady Philadelphia Participant Application

For 12 and 13 year olds ONLY

SECTION 1: ABOUT ME			
Please print neatly. Indicate your responses to the questions with boxes using a (<input checked="" type="checkbox"/>) or an (<input type="checkbox"/>) mark. Please complete this application with as much information about you and your family that you can identify below. We encourage you to write N/A (Not Applicable) for questions that do not apply to you or your family situation.			
First Name:		Last Name:	
		MI:	
WorkReady sometimes sends updates and appointments through email. Additionally, your email serves as your log-in to the online system.			
Email Address:			
Social Security #:		Age*:	Date of Birth: / /
Sex	Race		Ethnicity
<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> More than one race <input type="checkbox"/> Unknown or not reported		<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino <input type="checkbox"/> Unknow or not reported
Address & Apt./ Floor:		Zip Code: 191_____	Phone Number: (____) _____ - _____
Parent/Guardian Contact Name:		Parent/Guardian Phone #: <input type="checkbox"/> Home (____) _____ - _____ <input type="checkbox"/> Cell	Parent/Guardian's Relationship to you:
Emergency Contact Name (if different):		Emergency Contact Phone #: <input type="checkbox"/> Home (____) _____ - _____ <input type="checkbox"/> Cell	Emergency Contact's Relationship to you:
(Males age 18-24) Are you registered with Selective Service? <input type="checkbox"/> YES <input type="checkbox"/> NO		(Ages 14-17 ONLY) Do you have a work permit? <input type="checkbox"/> YES <input type="checkbox"/> NO	
SECTION 2: SCHOOL INFORMATION - Are you currently: <input type="checkbox"/> In School or <input type="checkbox"/> Out of School			
School Status: <input type="checkbox"/> In Middle School <input type="checkbox"/> In High School <input type="checkbox"/> Attained HS Diploma or Equivalent <input type="checkbox"/> In College or Post-secondary School			
What school are you attending or last attended?			
What is your current grade level?	<input type="checkbox"/> 6 th <input type="checkbox"/> 7 th <input type="checkbox"/> 8 th <input type="checkbox"/> 9 th <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th <input type="checkbox"/> College Freshman <input type="checkbox"/> College Sophomore <input type="checkbox"/> College Junior <input type="checkbox"/> College Senior <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate		
SECTION 3: BACKGROUND AND FAMILY INFORMATION			
Please review the list and select all statements that apply to you.	<input type="checkbox"/> Non listed below <input type="checkbox"/> I am a migrant <input type="checkbox"/> I am a runaway <input type="checkbox"/> I am an English Language Learner		
	<input type="checkbox"/> I am currently experiencing homelessness <input type="checkbox"/> I am in, have been in, or am aging out of foster care		
	<input type="checkbox"/> I am pregnant or parenting <input type="checkbox"/> I have a disability <input type="checkbox"/> I have dropped out of school		
	<input type="checkbox"/> I have not attended school in the last 90 days		
	<input type="checkbox"/> I have tested below grade level for reading, writing, and/or math		
	<input type="checkbox"/> I have been involved with the juvenile justice system or adult justice system		
	<input type="checkbox"/> In need of additional assistance to secure and hold employment		
	<input type="checkbox"/> In need of additional assistance to enter/complete an education program		
Do you receive any of the following supportive benefits and/or assistance from the state?	<input type="checkbox"/> TANF <input type="checkbox"/> SNAP <input type="checkbox"/> SSI <input type="checkbox"/> Medical Assistance (MA)		
Are you currently employed? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Never	Have you volunteered? <input type="checkbox"/> YES <input type="checkbox"/> No		
Have you participated in WorkReady/PYN-programs previously? <input type="checkbox"/> YES <input type="checkbox"/> NO	How did you hear about this program? <input type="checkbox"/> Flyer <input type="checkbox"/> Provider/Partner <input type="checkbox"/> Social Media <input type="checkbox"/> SEPTA <input type="checkbox"/> WorkReady Website <input type="checkbox"/> Word of mouth		
Do you have a bank account? <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Both <input type="checkbox"/> No			



on behalf of



SECTION 4: YOUR FAMILY INCOME - Please indicate family size and **personal** monthly income using the chart below. First, identify family size, then use a to indicate the income range for your family.

Note: Family size is only greater than 1 when you are a parent and/or legally married.

Family Member/Size	Income	Income Range	Income Range	Income Range	
1	<input type="checkbox"/> \$0	<input type="checkbox"/> \$1 - \$11,026	<input type="checkbox"/> \$11,027 - \$28,529	<input type="checkbox"/> More than \$28,529	If your family size is greater than 6, fill in your responses below: Number of family members/size: _____ Monthly Income: \$_____
2	<input type="checkbox"/> \$0	<input type="checkbox"/> \$1 - \$18,071	<input type="checkbox"/> \$18,072 - \$38,681	<input type="checkbox"/> More than \$38,681	
3	<input type="checkbox"/> \$0	<input type="checkbox"/> \$1 - \$24,802	<input type="checkbox"/> \$24,803 - \$48,833	<input type="checkbox"/> More than \$48,833	
4	<input type="checkbox"/> \$0	<input type="checkbox"/> \$1 - \$30,617	<input type="checkbox"/> \$30,618 - \$58,985	<input type="checkbox"/> More than \$58,985	
5	<input type="checkbox"/> \$0	<input type="checkbox"/> \$1 - \$36,134	<input type="checkbox"/> \$36,135 - \$69,137	<input type="checkbox"/> More than \$69,137	
6	<input type="checkbox"/> \$0	<input type="checkbox"/> \$1 - \$42,154	<input type="checkbox"/> \$42,154 - \$76,289	<input type="checkbox"/> More than \$76,289	

SECTION 5: MY INTERESTS (Note: Placement in your area of interest is not guaranteed.)

Think about these career pathways below and select **at least one and up to three** areas of interests below.

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Agriculture and Environmental Services | <input type="checkbox"/> Automotive Technology | <input type="checkbox"/> Healthcare, Life Science and Social Assistance | <input type="checkbox"/> Professional and Technical Services |
| <input type="checkbox"/> Architecture, Construction and Engineering | <input type="checkbox"/> Communications and Media | <input type="checkbox"/> Hospitality | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Arts, Entertainment and Recreation | <input type="checkbox"/> Community Development and Support | <input type="checkbox"/> Information Technology | <input type="checkbox"/> Retail Trade |
| | <input type="checkbox"/> Educational Services | <input type="checkbox"/> Law and Justice | <input type="checkbox"/> Transportation and Logistics |
| | <input type="checkbox"/> Finance and Insurance | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Utilities |
| | | <input type="checkbox"/> Municipal Services | |

I understand that by signing below, I am acknowledging 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 and that I may have to provide documentation to support the information provided.

Participant Signature _____ Date _____

Note: This application will not be accepted without a signed Application Signature Page.

