

California Tribal TANF Partnership 991 Parallel Drive, Suite B, Lakeport, CA 95453 Phone (707) 262-4400 • Fax (707) 264-6530

APPLICATION FOR YOUTH EMPLOYMENT -- Must Be Fully Completed

Last Name			First Name					Middle Initial		Date	
Phone	e Participant / Guardian's n								al Security # (May provide at rview)		
Street Address				City			State		ip		
Mailing Address				City					State		ip
If related to anyone in our employ, list name, department, and relatio							How were you referre to the YEP?				
Position(s)/Location(s) Desired (List three) 1. 2. 3.						June 15, 2015 – July 26, 2015					
Employed Now? Yes No				If so, may we inquire of your present employer? Yes No							
Have you applied to YE before? Where? Yes No				Whe				Whe	en?		
Education	Name/Locat	ion of School					Numb of Yea		Did you Graduate?		jects Studied
High School									Yes No		neral ucation
Other	EXAMPLE: I	RED CROSS							Yes No	EXA	AMPLE: CPR
Other									Yes No		
Activities (Civ	ric, athletic, et	tc.)									

Skill / Experience EXAMPLE: babysitting	Details Ensuring sa	Details Ensuring safety of 3 children, organizing activities for them, making their meals, managing conflicts, dressing them and putting to bed								
References: List names of three people not related to you, whom you've known for at least one year.										
Name of Reference	Phone N	umber	How You Know This Pe	erson	Years Acquainted					
I authorize investigation of a misrepresentation or omission employment with the employer regardless of my wages and sala	of facts and subsid	called for is cau	use for dismissal. Fur a Tribal TANF is "AT WIL	ther, I understand and ag	ree that my					
Print Name Sig		Signature		Date						