## Job Readiness Training 2016 Program Application Must be fill out completely for consideration.

## Personal Information:

Name:	Go by:	Social Security#		
First Middle			or Internship Payment)	
Address:		D.O.B	//Age:	
Street C	ity State	Zip Code		
Gender: Male Female Par				
Home Phone# ()				
Educational Status:				
Are you attending school? Yes	No Grade:	If Yes, Name of School		
If No, Highest Grade completed:	Do you have a	(check one) GED Diploma	a Year Received	
List any Certificates or Licenses:				
Employment History:				
Are you employed now? Yes	No if you eve	r were employed please list t	he information below:	
Business Name:	Da	ate worked:// te	p//	
Address				
Street	City	State	Zip Code	
Supervisor Name:		Job Title:		
Job Duties:				
What type of career or job oppo	rtunity are you mos	t interested in pursuing?		
Please write a sentence about w	hy you are applying	for DJJ'S Job Readiness Traini	ng internship and how	
you think this program can help	you:			
Who were you referred by? DJJ_		Others: persons name or ore	anization	
Session are you available to int				
Qualifications / criteria for con			vviiitersep-Dec	
(The following information mus			vention	
		d intern job sites. 2) Must pro		
	-	have a 2.5 G.P.A. <b>4)</b> Must pro	• •	
recommendation: One from	representative of c	urrent school, <u>One</u> from com	nunity leader.	
Applicant Signature (Required)			Date	
	,		Date	
Parent/Guardian Signature (	Bequired)		Date	
Farent/Guarulan Signature (		Date		
Please return completed an	d sianed application	ns alona with aualifications in	nformation to: Upstate	