

PORT ARTHUR ECONOMIC DEVELOPMENT CORPORATION
YOUTH EMPLOYMENT PROGRAM - 2020
EMPLOYMENT APPLICATION

DATE OF APPLICATION: _____ **Social Security Number:** _____

Name: _____
Last First Middle

Address: _____
Street (Apt) City, State, Zip

Alternate Address: _____
Street (Apt) City, State, Zip

Contact Information: () ()
Home Telephone Mobile

Sex: [] M [] F

EDUCATION

	Name and Location	Major	Graduate/ Degree
High School			
College or University			
Specialized Training, Trade School, etc...			
Other Education			

Please list your areas of highest proficiency, special skills or other items that may contribute to your abilities as a participant in the Youth Employment Program.

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PREVIOUS EXPERIENCE (Please list most recent first)

Dates Employed	Company Name	Location	Role/Title

Job notes, tasks performed and reason for leaving:

Dates Employed	Company Name	Location	Role/Title

Job notes, tasks performed and reason for leaving:

Dates Employed	Company Name	Location	Role/Title

Job notes, tasks performed and reason for leaving:

Do you plan to attend college in the Fall? Yes No

Certification: I certify that the information on this application and its attachments is true and correct to the best of my knowledge and that there is no intent on my part to defraud. I authorize inquires as to the validity of this information. The data may be distributed to employers and social services agencies for the purpose of obtaining training and/or employment. I understand that providing false information on this application and its attachments can result in my being declared ineligible for participation or terminated, if already enrolled, and I may be subject to prosecution under the law. I further certify that I fully understand the foregoing.

Applicant's Legal Signature

Date

Parent/Guardian Signature

Date

Signature of referring C&T Instructor

Date

Note: *Please submit a copy of a form of identification verifying Port Arthur residency.*