



Youth Workforce Development Assistance Application

Are you 14-24 years old and ready to take the next step in life to improve your independence through success in the workforce?

Contact and Demographic Information

Name		
Street Address		
City ST ZIP Code		
Phone Number		
E-Mail Address		
Age:	Gender:	Current/Past Foster Care:
Race:	Would you like a translator?	
Number of Jobs in Last Year:	Current Employer:	Former Employer:
Education Level:	Name of Last/Current School:	
Are You a Parent?	Do you need child care?	Do You Receive MFIP/SNAP?
Please list any other agencies you're working with:		

Interests

Here are some areas we can help in, please check which areas you are interested in improving:

- | | |
|--|--|
| <input type="checkbox"/> Finishing High School/GED | <input type="checkbox"/> Flexible Schedule |
| <input type="checkbox"/> Discovering Your Strengths | <input type="checkbox"/> Exciting Career |
| <input type="checkbox"/> Improving Skills | <input type="checkbox"/> Self Confidence |
| <input type="checkbox"/> Filling out Job Applications | <input type="checkbox"/> Goal Setting |
| <input type="checkbox"/> Getting Your Driver's License | <input type="checkbox"/> Nicer Place to Live |
| <input type="checkbox"/> Interviewing for Jobs | <input type="checkbox"/> More Opportunities |
| <input type="checkbox"/> Getting Work Clothes/ Tools | <input type="checkbox"/> Secondary Education/ Financial Aid |
| <input type="checkbox"/> Getting to Work | <input type="checkbox"/> On the Job Training |
| <input type="checkbox"/> Social Security Card/ Birth Certificate | <input type="checkbox"/> Keeping/ Advancing At Current Job |
| <input type="checkbox"/> Special training | <input type="checkbox"/> Navigating Employment with Disabilities |
| <input type="checkbox"/> Job Searching | <input type="checkbox"/> Applying for Social Services |
| <input type="checkbox"/> Legal Issues | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Sobriety | |
| <input type="checkbox"/> Stress/Conflict Resolution | |
| <input type="checkbox"/> Financial Literacy | |
| <input type="checkbox"/> Higher Pay/ More Money | |
| <input type="checkbox"/> Set Schedule | |

Previous Work Experience and Why do you want to work with Evergreen Workforce Development?

Summarize your current and previous work experience. Be honest, what's working, what isn't working?



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Youth & Family Services

Strengthening Youth. Preserving Families.

What is your current dream job?

Please List any Certifications or Special Skills you may have.

PCA, CNA, Licenses, Food Safety, Construction, etc

Person to Notify in Case of Emergency

Name	
City ST ZIP Code	
Home Phone /Work Phone	
Email	

Honesty Agreement, Release of Information, and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand and give my permission that Evergreen YFS and Evergreen Workforce Development Specialist may need to release or request private information about me to use on my behalf to: DEED, Educators, Employers, Employment Managers, Potential Employers, HR, Other Servicing Agencies, Medical Professionals and Evergreen Staff.

Name (printed)	
Signature	Date:
Guardian Name (printed)	
Guardian Signature	Date:

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in working with us.

For more information please contact:

Samantha Clausen LSW
Youth Workforce Development Specialist
Evergreen Youth & Family Services
610 Patriot Drive NW
Bemidji, MN 56601
(218) 441-4551
sclausen@evergreenyfs.org



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I, _____
 (Student Name)

Hereby request

 (Last high school attended – include city and state)

To email sclausen@evergreenyfs.org or fax HIGH SCHOOL transcript records and/or IEP to:

Evergreen Youth and Family Services

610 Patriot Drive NW

Bemidji MN. 56601

(Address)

(218)441-4551

(Phone number)

(218)751-8070

(Fax number)

 (Applicant's signature)

 (Date)

Transcript Information: This information will be used only to
 Verify the correct identity of the student and for education purposes.

 (Your Name used on school transcript)

No Yes

 (Year last attended)

Do you have an IEP (Individualized Education Prog.)?

 (Date of birth)

 Parent's signature (if under 18)

 (Date)

Note to school personnel: Send all transcripts and or IEP's directly to the facility indicated by the applicant.
 Please copy this release and return it with the transcript. Keep the original release for your record.

I, _____ release Evergreen Youth and Family Services and Responding School to
 email and/or fax this form and my educational records, knowing that Fax and Email are not secure forms of
 communication.

 (Applicant's signature)

 (Date)

Consent to Share Wage and Employment Information



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CONSENT TO SHARE WAGE & EMPLOYMENT INFORMATION

In accordance with the Minnesota State Statute on Data Privacy, M.S. § 268.19, Subd.(1b), I agree that the Minnesota Department of Employment and Economic Development (DEED) may release information on my wages and employment contained on the state’s Wage Detail files to Evergreen Youth & Family Services Inc. Workforce Development Program.
 (Agency Name)

I understand that this is private information and my decision to refuse to provide consent to share this information will not have an affect on my participation in the program.

I understand that Evergreen Youth & Family Services Inc. Workforce Development Program. will use this information ONLY for the following two purposes: (Agency Name)

1. Auditing Workforce Development Program and/or
 (Program Name)
2. Learning how well the Workforce Development Programs are helping people like me.
 (Program Name)

I understand that Minnesota state law does not allow Evergreen Youth & Family Services Inc. Workforce Development, Program to use this information for any other purpose.
 (Agency Name)

This information may not be shared by Evergreen Youth & Family Services Inc.
 (Agency Name)

Workforce Development, Program without my consent.

This consent goes into effect today. This approval expires after three years from the time I leave Evergreen Youth & Family Services Inc. Workforce Development, Program.
 (Program Name)

I may cancel this consent in writing at any time.

- Yes, I agree to the sharing of wage and employment information.
- No, I do not agree to the sharing of wage and employment information.

 Participant’s Name (Print or Type)

 Date

 Participant’s Signature

 Last 4 digits of Participant’s Social Security Number

 Parent/Guardian Signature (If Applicable)

 Date



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Consent for Media Notification

I, _____, hereby authorize Evergreen Youth & Family Services Inc. to release written information, photographs, audio recordings and/or video recordings to the media as an extension of the agency's public recognition of my achievements, contributions and participation with the DEED employment and training programs.

I have been informed of the meaning of this release and that my signature on it amounts to a waiver of any claim I might assert against any official, employee, agent or unit of Evergreen Youth & Family Services Inc. arising from this release.

Signature: _____

Address: _____

Date: _____

Parent Signature or Legal Guardian (If Individual is Under Age 18):

Signature: _____

Address: _____

Date: _____