**BUSINESS & EMPLOYMENT RESOURCE CENTER (BERC)**

224 N. Center St., Westminster, MD 21157

410-386-2820

**2015 SUMMER YOUTH EMPLOYMENT APPLICATION**

Carroll County Resident Ages 16-17

**APPLICANT INFORMATION** (**PLEASE PRINT**)

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip:\_\_\_\_\_\_\_\_\_\_\_\_

Home Telephone ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Emergency Contact phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthdate:\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

School Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Grade as of application date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have an IEP? Yes\_\_\_\_\_\_\_\_No\_\_\_\_\_\_\_\_\_

Are your reading and/or math skills at or below 8th grade level? Yes\_\_\_\_\_\_No\_\_\_\_\_\_

Are you a high school dropout? Yes\_\_\_\_\_No\_\_\_\_\_\_

Are you homeless or a runaway? Yes\_\_\_\_\_\_No\_\_\_\_\_\_

Are you pregnant or a parent? Yes\_\_\_\_\_\_No\_\_\_\_\_\_\_

Are you an offender? Yes\_\_\_\_\_\_No\_\_\_\_\_\_

A foster child? Yes\_\_\_\_\_\_No\_\_\_\_\_\_

Do your receive TANF? Yes\_\_\_\_\_No\_\_\_\_\_

Do you receive Food Stamps? Yes\_\_\_\_\_No\_\_\_\_\_

Are you a U.S. Citizen? Yes\_\_\_\_\_No\_\_\_\_\_

OVER→

Are you low income? Use low-income chart below. Yes\_\_\_\_\_No\_\_\_\_\_

**INCOME GUIDELINE**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Family size | 1 | 2 | 3 | 4 | 5 | 6 | Over 6 add |
|  | 11,461 | 18,782 | 25,780 | 31,822 | 37,557 | 43,923 | 6,366 |

Do you have transportation? Yes\_\_\_\_\_No\_\_\_\_\_\_

**PARENT/GUARDIAN (IF UNDER 18) AND YOUTH SIGNATURES**

I certify that all of the above information I have provide is true and correct to the best of my knowledge. I understand this information will be verified and that false information will be grounds for youth to be terminated from his/her job or program. Possible legal actions can ensue if the youth is placed in a government funded job. I grant permission for him/her to receive medical services arranged by Carroll County Government for a work related injury. I grant permission for the Carroll County Business & Employment Resource Center (BERC) to use my image and/or voice in any and all forms of electronic or print for purposes that promote BERC and/or Carroll County Government.

Parent/Guardian Signature (if under 18)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RETURN APPLICATION TO BERC NO LATER THAN JUNE 19, 2015**