

**MSJP
2008**

MAYOR'S SUMMER JOB PROGRAM

CITY WIDE HUB
**Youth Employment Partnership
 (YEP)**
 2300 International Blvd.
 510-533-3447



WEST OAKLAND HUB
 Scotlan Center
 1324 Adeline St.
 510-485-3458

EAST OAKLAND HUB
 Youth Uprising
 8711 MacArthur Blvd.
 510-777-9909

Downloaded from the
 Mayor's WebSite

Last Name		First Name		MI	Date Received
Home Phone		Alternate Phone		Social Security Number	
Home Address			City [you must live in Oakland]		Zip
Alternate Address [optional]			City		Zip
Parent/Guardian Name			Parent/Guardian Phone Number		
Alternate Contact Name [relative or friend]			Alternate Contact Phone Number		
Date Of Birth:	Age:	Gender:	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Transgender

What is your ethnicity? [Please check all that apply]

- African-American [non-Latino black]
- American Indian
- Asian/Pacific Islander
- Caucasian [non-Latino white]
- Latino
- Other [please specify] _____

Citizenship/Employment Eligibility

- US Citizen
- Alien Registration
- Student Visa
- Amnesty Program
- Other _____

If you were not born in the US, what is your place of birth? _____

SCHOOL & JOB TRAINING QUESTIONNAIRE

- Are you a student? Yes No If Yes, Where? _____
- Are you attending school this summer? Yes No Not Sure If Yes, Where? _____
- Have you graduated from high school? Yes No If No, are you still in school? Yes No
- What is the highest grade you've completed? 7 8 9 10 11 12 GED Equivalency College
- Have you ever participated in another job training program? Yes No

In what areas are you interested in working/receiving training? [Check all that apply]

- | | |
|--|---|
| <input type="checkbox"/> Office/Clerical | <input type="checkbox"/> Animal Care |
| <input type="checkbox"/> Computers/Multi-Media | <input type="checkbox"/> Construction/Carpentry |
| <input type="checkbox"/> Recreation Center/Childcare | <input type="checkbox"/> Warehouse/Labor |
| <input type="checkbox"/> Retail/Sales | <input type="checkbox"/> Janitorial/Maintenance |
| <input type="checkbox"/> Outdoor/Environmental | <input type="checkbox"/> Education/Tutoring |
| <input type="checkbox"/> Customer Service | <input type="checkbox"/> Food Service |
| <input type="checkbox"/> Medical/ Dental Assistant | <input type="checkbox"/> Other [please specify] _____ |

WORK EXPERIENCE

Please list the 2 most recent jobs, job training programs, or volunteer positions that you've been in:

Name of Company	Supervisor Name/Phone #	Hourly Wage	Start Date	End Date
		\$		
Job Title & Duties		Reason for Leaving		

Name of Company	Supervisor Name/Phone #	Hourly Wage	Start Date	End Date
		\$		
Job Title & Duties		Reason for Leaving		

NEEDS ASSESSMENT QUESTIONNAIRE

Some of our programs are designed for youth who meet certain criteria. Please check all of the choices listed below that apply to you.

PLEASE NOTE: We will not use any of this information to exclude you from participating in a YEP program. You may be eligible for additional services or jobs based on these criteria.

- | | |
|---|--|
| <input type="checkbox"/> No Driver's License | <input type="checkbox"/> Currently on parole |
| <input type="checkbox"/> No reliable transportation | <input type="checkbox"/> Currently on probation |
| <input type="checkbox"/> Currently in Foster Care | <input type="checkbox"/> Currently incarcerated |
| <input type="checkbox"/> Aged-out of Foster Care | <input type="checkbox"/> A parent or currently pregnant |
| <input type="checkbox"/> Group Home resident | <input type="checkbox"/> No childcare for your child |
| <input type="checkbox"/> Oakland Housing Authority resident | <input type="checkbox"/> Handicapped or disabled |
| <input type="checkbox"/> Poor Reading skills | <input type="checkbox"/> Learning disability |
| <input type="checkbox"/> Poor Math skills | <input type="checkbox"/> Emotional disability |
| <input type="checkbox"/> Absent 5 or more days from school since 1/1/07 | <input type="checkbox"/> Current Grade Point Average below 2.0 |
| <input type="checkbox"/> High School drop-out | <input type="checkbox"/> Never had a job before |
| <input type="checkbox"/> Is anyone in your family receiving government assistance (TANF, SSI, etc.) | |
| <input type="checkbox"/> Have you, any family members, or any close friends been a victim of gun violence | |

CERTIFICATION: I certify that all of the above information is true and correct to the best of my knowledge. I also understand that in order to participate in this program I will need to attend the required preparatory workshops and provide:

- social security card (actual, not a copy)

AND one of the following forms of identification prior to enrollment:

- California ID or
- California Drivers License or
- birth certificate and school ID or
- birth certificate and report card

Signature of Applicant

Print the name

Date

Signature of Parent/Guardian
[if applicant is under 18]

Print the name of your Parent/Guardian

Date