



Applications Form for Youth Services (for young adults ages 17 to 24)

Please complete the attached form, then return it to us in one of the following ways:

By Email

1. The email should be sent to:
youth@worknetdupage.org
2. Be sure to attach the completed PDF or Word Doc to your email.
3. If you are uncertain about how to do any of the above, we recommend that you take our **Computer Fundamentals** workshop.
Such computer and email skills are crucial to the success of your job search!

By Hand or Mail

Drop the completed form off, or mail it to:

DuPage County Youth Services
2525 Cabot Drive
Suite 105
Lisle, IL 60532

By Fax

Print the completed form, then fax it to:

(630) 955-2059
Attn: Customer Service

NOTE: You will be asked to provide your social security number, which is necessary in order for us to enter your information into the computer system.



Youth Applications Form for the WIOA Program

Your Information

Date: _____

How / where did you hear about our program? _____

Name: _____ Age: 16 to 24 25 or older

Address: _____ City: _____ ZIP Code: _____

Email address: _____ Phone: _____ Cell: _____

Gender: Female Male Prefer not to answer

Race / Ethnicity: American Indian or Alaskan Native Asian Black / African American
 Hawaiian / Pacific Island White / Caucasian Hispanic / Latino: Yes No
 Prefer not to answer

Veteran Status: Veteran Spouse of Veteran Child of Veteran Not a veteran

If you are a male and 18 years of age or older, have you registered with Selective Service? Yes No

Authorized to Work in U.S.: U.S.Citizen Resident Alien Refugee Work Authorization

Disability Status: Do you have a learning, mental, or physical disability that you can document? Yes No
(ex: IEP, 504 Plan, Blue Access Card, State Disability Card, etc.) Prefer not to answer

Current Employment Status: Full Time Part Time Unemployed Never Worked

Financial Assistance

Check all forms of financial assistance received by your household in the last 6 months:

- Temporary Aid to Needy Families (TANF) Food Stamps Refugee Assistance
 Supplemental Security Income (SSI) Social Security Disability Insurance (SSDI)
 Unemployment Benefits Other:

Educational Status - Please Check ALL that apply

High School:

High School Diploma / GED: Yes No

College:

None Some College

Are you currently enrolled in school or registered for classes? Yes No

If yes, please indicate where: _____



Barriers To Employment

Note: Check **ALL** that apply.

- Pregnant/Parenting
 High School Dropout
 I have been arrested before
 Runaway
 Foster Child
 Aged out of Foster Care
 Homeless
 Primary Language: English Other
 Other Assistance Needed to Gain Employment. Explain: _____

What Services Are You Looking For From Our Program?

Work History

Start with your most recent job and work backward.

Current / Last Employer: _____ Hours / Week: _____
 Address, City, Zip Code: _____ Wage: \$ _____ per _____
 Job Title: _____ Start Date: _____
 Reason for Leaving: Fired Laid Off Quit Not Applicable End Date: _____
 Explain reason for leaving: _____

Current / Last Employer: _____ Hours / Week: _____
 Address, City, Zip Code: _____ Wage: \$ _____ per _____
 Job Title: _____ Start Date: _____
 Reason for Leaving: Fired Laid Off Quit Not Applicable End Date: _____
 Explain reason for leaving: _____

Current / Last Employer: _____ Hours / Week: _____
 Address, City, Zip Code: _____ Wage: \$ _____ per _____
 Job Title: _____ Start Date: _____
 Reason for Leaving: Fired Laid Off Quit Not Applicable End Date: _____
 Explain reason for leaving: _____



Emergency Contacts (Required)

List 2 contacts who **DO NOT** live in the same household with the applicant.

Contact 1 Name: _____	Contact 2 Name: _____
Relationship to you: _____	Relationship to you: _____
Address: _____	Address: _____
City, Zip Code: _____	City, Zip Code: _____
Home Phone: _____	Home Phone: _____
Cell Phone: _____	Cell Phone: _____
Email address: _____	Email address: _____