

Career Centers of Bristol County

Fall River Youth Office
139 South Main St.
Fall River, MA 02721
Tel. (508) 675-9245

Attleboro Job Service Center
67 Mechanic St.
Attleboro, MA 02703
Tel. (508) 222-1950

Taunton Office
41 Taunton Green
Taunton, MA 02780
Tel. (508) 977-1400

Dear Applicant:

The following instructions are intended to help you avoid delay in applying for youth summer services.

Please read these instructions carefully and be prepared to bring all information with-you.

ALL APPLICATIONS MUST BE FILLED OUT IN INK

YOUR COMPLETED APPLICATION SHOULD INCLUDE:

1. Birth Certificate
2. Social Security Card
3. Proof of Address
4. Registered Alien Card
5. **For All Working Members Of Your Family Include:**
 - A letter from their employer stating wages earned six months prior to returning your application.
6. **For Public Assistance Recipients: (Family)**
 - A.F.D.C. or E.A.E.D.C. or Food Stamp Letter of Certification stating effective date and amount.
 - S.S.I. Letter of Certification stating effective date and amount.
 - Veterans Assistance Letter of Certification stating effective date and amount.
7. Card from Military Selective Service (18 years old and over, male)
8. **If collecting Unemployment Insurance (U.I.) - verification form letter from the Unemployment Office.**
9. **Proof of alimony**
10. **Proof of rents, if family owns property (income tax forms).**
11. **Proof of family size (income tax forms and/or birth certificates)**
12. **Proof of all Pensions received**
13. **Handicapped: Referral from Massachusetts Rehabilitation Commission.**

**AN AFFIRMATIVE ACTION/EQUAL OPPORTUNITY TRAINING AGENCY
AUXILIARY AIDS & SERVICES AVAILABLE ON REQUEST TO INDIVIDUALS WITH DISABILITIES**



Career Centers of Bristol County

Summer Application

Social Security Number

First Name

Middle Initial

Last Name

Street Address

City/Town

State

Zip Code

Are you ? Male Female

Are you ? U.S. Military Veteran Military Other Eligible

Are you ? White Black or African-American
 Hispanic or Latino American Indian / Alaskan Native
 Asian Hawaiian Native or Other Pacific Islander
 Other

Date of Birth: Month _____ Day _____ Year _____

Home Phone Number: _____ E-mail _____

Other Phone: () _____ Cell _____ Emergency _____ Relative _____ Work _____ Fax _____ Pager _____

Mailing address, if different from above: _____

Are you: Employed Unemployed

Do You have: A Disability/ handicap, If yes, please describe, _____

What is your primary language? _____ Language Details: _____

You are: A Dislocated Worker Summer Youth

Number in Your Family: _____

Migrant Status: None Seasonal Farm Worker Non Migrant
 Migrant Farm Worker Migrant Food Processor

You are: Currently attending school Not in school

Name of School _____

Highest degree completed,

Less than High School (grade completed as of June 2009) _____
 General Equivalency High School Post Secondary w/ High School
 Some College Associate Degree Bachelor Degree

Please complete all sections on both pages of this Intake form. Thank you

Work History:

Current or Most Recent Employer: _____ City _____ State _____
 Job Title: _____ Start Date _____ End Date _____
 Major Duties _____

 Salary \$ _____ per _____ hour _____ week Reason for Leaving: _____

Next Most Recent Employer: _____ City _____ State _____
 Job Title: _____ Start Date _____ End Date _____
 Major Duties _____

 Salary \$ _____ per _____ hour _____ week Reason for Leaving: _____

Family Members (include all family members with whom you have resided in last 6 Months even though they may not currently live with you)	Age	Relationship	Working?		Gross Wages For Last 6 Months
			(now or anytime in past 6 months)		
Applicant	_____	Self	YES	NO	\$ _____
_____	_____	_____	YES	NO	\$ _____
_____	_____	_____	YES	NO	\$ _____
_____	_____	_____	YES	NO	\$ _____
_____	_____	_____	YES	NO	\$ _____
_____	_____	_____	YES	NO	\$ _____

Family Wages –to be completed on yourself and all family member in your residence

<u>Inclusions</u>		<u>Exclusions</u>	
Net Self Employment	\$ _____	Unemployment Insurance	\$ _____
Alimony	\$ _____	Child Support	\$ _____
Military Family Allotments	\$ _____	Capital Gains	\$ _____
Pensions/Retirement	\$ _____	Assets sale of Home or Car	\$ _____
Dividends, Interest, Net Rental Income	\$ _____	Savings	\$ _____
Other: Please Explain	\$ _____	Other: Please Explain	\$ _____

Job Seeker Certification : My signature below indicates that I have been informed of and understand the information contained on this form. I certify under penalty of perjury that all of the above information is true and complete. I agree that any information that I have supplied is subject to verification. I understand that falsification of any item is grounds for termination from the program and may result in action to recover any monies paid to me while participating.

Applicants Signature _____ Date _____
 Parent/Guardian: _____ Date _____

Please complete all sections on both pages of this Intake form. Thank you