2015 Clearwater Basin Youth Conservation Corps AGES 15-19



Applications Due by April 10, 2015

Name		Date						
Date of birth_		Age						
Mailing address		City		, ID ZIP				
Physical addre	SS	City		, ID ZIP				
Daytime Phone #		Email A	Address					
			(on	ly if you USE it)				
Do you have:	☐ drivers license☐ birth certificate	 state identification school photo identification social security card military photo identification 						
Are you autho	orized to work in the U	J.S.? □ Yes □ No						
Have you had a "wage paying" job before? 🗆 Yes 🛛 No If yes, please fill in your Work History below:								
	Work Histor	y – Start with your current	t or most recent	employer.				
1. Employer _								
Address		City	State	Zip				
Job Title Reason for leaving								
Start date	End date	Final pay rat	te					
2. Employer _								
Address		City	State	Zip	_			
Job Title Reason for leaving					_			
Start date	End date	Final pay rat	te					

Contact People: provide names, addresses and phone numbers of two family members or friends (not living in your household) who will always know how to contact you					
Name:	Relationship:				
Address:	City:	Zip:			
Home Phone:	Cell Phone:				
Name:	Relationship:				
Address:	City:	Zip:			
Home Phone:	Cell Phone:				

Tell us more about yourself:

Do you have any special needs we should consider for your summer job or work schedule (examples: national guard duty, family reunion, allergies, lifting restrictions, etc.) If yes, please describe:

Do you have reliable transportation	to and from work?	□ YES □ NO	
What interests and/or hobbies do yo	u have?		
Imagine that you can have <i>any</i> job y	ou want. What are	your top 3 choices?	
1	_ 2	3	
What are your plans <i>after</i> summer?			
Are you attending school now?	YES 🗌 NO		
If yes, what school		Current Grade Level	
Do you have a resume? YES]NO If yes, plea	se submit a copy with this application.	
Have you done volunteer work?	YES NO	Describe or provide explanation	
Why do you want to work in the Cle	earwater Basin You	th Conservation Corps?	

Please include any additional information you think might help us in our selection process.

Once we review your application, we may request an interview. If your application is approved, you will be asked to provide documentation for enrollment. (example: photo I.D. and social security card, etc.)

Applications must be mailed, e-mailed, or turned in to:

Idaho Department of Labor

410 Johnson Avenue PO Box 391 Orofino, Idaho 83544 Phone 208-476-5506 ext 3846 Fax: 208-476-3471

The information provided on this application is true and correct to the best of my knowledge. I authorize Idaho Department of Labor staff to verify information that relates to eligibility. I understand I may be terminated from the program or subject to prosecution if I knowingly provided incorrect information.

Applicant Signature

Date

Parent Signature (if applicant is under 18)

Date