

383 Broadway  
Fort Edward, NY 12828  
(518) 746-2391

**One-Stop-Center**  
of Washington County  
**Washington County EOC/ETA**  
**Youth Application**

Date: \_\_\_\_\_

Last Name _____	First Name _____	M.I. _____
Address _____		
City _____	State _____	Zip Code _____
County _____ Washington _____	Social Security# _____	
Date of Birth ____ / ____ / ____	Age _____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Phone # _____	Alternate Phone # _____	
Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Ethnicity:**

<input type="checkbox"/> White (not Hispanic)	<input type="checkbox"/> Black, or African American	<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> Alaskan/American Indian	<input type="checkbox"/> Asian (not Hispanic)	<input type="checkbox"/> Hawaiian/Pacific Islander
<input type="checkbox"/> Other		
<b>Note:</b> <i>This question is voluntary. Information will be kept confidential and is intended for use solely in connection with record keeping and affirmative action requirements? You will not be penalized for refusal to answer.</i>		

**Education:**

Highest grade completed: _____	Grade you are in right now: _____	
<input type="checkbox"/> High School Graduate	<input type="checkbox"/> GED	<input type="checkbox"/> College Student
If you are attending a secondary, vocational, technical or academic school full-time or if you are between terms, do you plan on returning to school?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	

**Employment:**

Are you employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a resume? <input type="checkbox"/> Yes <input type="checkbox"/> No
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**Additional Information:**

What is your disability status?       Disabled       Not disabled  
Name of school presently attending: \_\_\_\_\_  
Are you receiving special education or resource room assistance?       Yes       No  
**(Please check any that apply):**  
 Pregnant/Parenting       At Risk Youth       Homeless or Runaway  
 Foster Care       Dropout       Offender  
 Males 18 or over: Are you registered with Selective Service? \_\_\_\_\_  Yes       No

Are you or any member of your household receiving:

<input type="checkbox"/> Yes <input type="checkbox"/> No	TANF	<input type="checkbox"/> Yes <input type="checkbox"/> No	HEAP
<input type="checkbox"/> Yes <input type="checkbox"/> No	Safety Net	<input type="checkbox"/> Yes <input type="checkbox"/> No	Medicaid
<input type="checkbox"/> Yes <input type="checkbox"/> No	Food Stamps or other income support	<input type="checkbox"/> Yes <input type="checkbox"/> No	Free or Reduced Lunch

**Work History**

Employer \_\_\_\_\_ Start Date \_\_\_\_\_  
End Date \_\_\_\_\_  
Address \_\_\_\_\_ Wage \_\_\_\_\_ Per hr/wk/mo/yr.  
\_\_\_\_\_

Job Title \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
Job Duties \_\_\_\_\_  
\_\_\_\_\_

Employer \_\_\_\_\_ Start Date \_\_\_\_\_  
End Date \_\_\_\_\_  
Address \_\_\_\_\_ Wage \_\_\_\_\_ Per hr/wk/mo/yr.  
\_\_\_\_\_

Job Title \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
Job Duties \_\_\_\_\_  
\_\_\_\_\_

