



C.E.F.S. Economic Opportunity Corporation
YOUTH EMPLOYMENT PRE-APPLICATION

Name _____ Date of Birth _____

Address _____ Email Add. _____

City _____ State ____ Zip _____ Soc. Sec. No. _____

Telephone _____ County _____ Gender Male Female

Selective Service Compliance Yes No Date of Birth _____

High School Dropout Yes No Are you in GED classes Yes No

Currently attending high school Yes No If yes, where? _____
What grade level? _____

When was the last date you attended school? _____

Are you in any special education classes or have an IEP? Yes No

Are you attending college or any other school? Yes No
If yes, where? _____

Do you or any household member receive: SSI TANF Food Stamps

Do any of the following apply to you:

- Disabled
- Foster child or aged out of foster care
- Pregnant
- Subject to justice system
- Parent
- Low income and needing assistance with low math or reading skills
- Runaway
- Low income and needing assistance to complete an educational program or secure and hold employment

Work History

Employer		
Address		
City	State	Zip
Start Date	End Date	Wage
Job Title		
Job Duties		
Reason for Leaving		

Employer		
Address		
City	State	Zip
Start Date	End Date	Wage
Job Title		
Job Duties		
Reason for Leaving		

I have never worked.

Please return this application to your local workNet Center.

If you have any questions, please call (217)342-2193, Ext. 113.

Filling out this application does NOT guarantee acceptance into the C.E.F.S./WIOA Youth Program.