

## Brightpoint JAG -- Program Application

Date of Application \_\_\_\_/\_\_\_\_/\_\_\_\_ Site \_\_\_\_\_ Soc Sec No \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE: \_\_\_\_\_ SEX: \_\_\_\_ Male \_\_\_\_ Female

RACE/ETHNIC GROUP: (check all that apply)

White       Hispanic or Latino  
 Asian       Hawaiian/Pacific Islander  
 Black-African American  
 American Indiana/Alaskan

GENDER:

Woman       Man  
 Transgender  
 Non-Binary       Other  
 Prefer not to respond

CITIZENSHIP:

Citizen  
 Non-Citizen, Eligible to Work

SELECTIVE SERVICE STATUS:

Registered - Number \_\_\_\_\_  
 Not Registered  
 Not Applicable

EDUCATION:

(highest grade completed)

\_\_\_\_\_

FOSTER CHILD

Yes  
 No

POOR WORK HISTORY

Yes  
 No

PREGNANT/PARENTING

(Youth Only)

Yes

SUBSTANCE ABUSE

Yes  
 No

LIMITED ENGLISH LANGUAGE

Yes  
 No

DISPLACED HOMEMAKER

Yes  
 No

OFFENDER

Yes  
 No

INDIVIDUAL WITH DISABILITY:

Yes  
 No  
 Undisclosed

HOMELESS INDIVIDUAL

Yes, and a runaway       Yes, but not a runaway youth  
 No, but is a runaway youth       No, and is not a runaway youth

RECEIVING PUBLIC ASSISTANCE (Check all that apply in the last 6 months)

TANF       Refugee Assistance       General Assistance (Trustee)  
 SSI(Supplemental Security Income)       Food Stamps       None

TOTAL INCLUDABLE INCOME (last 26 weeks X 2)

Family \$ \_\_\_\_\_ Individual \$ \_\_\_\_\_

MAXIMUM FAMILY SIZE

\_\_\_\_\_



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**EMPLOYMENT STATUS AT REGISTRATION**

- \_\_\_\_\_ Not Employed
- \_\_\_\_\_ Employed
- \_\_\_\_\_ Employed but received notice

WEEKS NOT EMPLOYED (in last 26 weeks): \_\_\_\_\_

PRE-PROGRAM WAGE \$ \_\_\_\_\_ PRE-PROGRAM HOURS WORKED PER WEEK: \_\_\_\_\_

**WORK HISTORY**

Name of most recent employer \_\_\_\_\_

Employer Address: \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Employer Phone Number \_\_\_\_\_

Job Title \_\_\_\_\_ Dates of Employment: From \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

LOW INCOME \_\_\_\_\_ Yes \_\_\_\_\_ No

**ADDITIONAL ITEMS FOR YOUTH ONLY (Ages 14 - 21)**

**STUDENT STATUS AT TIME OF REGISTRATION**

- \_\_\_\_\_ In-School, HS or less      \_\_\_\_\_ In-School, Alternative School
- \_\_\_\_\_ In-School, Post-Secondary      \_\_\_\_\_ Not-Attending, HS Dropout
- \_\_\_\_\_ Not Attending, HS Graduate or Attained GED

**EMERGENCY CONTACT INFORMATION:** Names and telephone number of two friends, relatives, or neighbors not living with applicant who will know how to reach applicant.

Name/Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_  
Name/Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

I certify that all information in this application is true and correct to the best of my knowledge and I authorize the verification of the information I have provided. I understand that my Social Security number will be used only by programs to provide optimum employment and/or training assistance, to identify and verify my records in the Workforce Development System and Welfare Department, and for statistical program evaluation and reporting. I also understand that since I am applying for employment and training assistance services for which I might receive taxable income, I must, under law, provide my Social Security number for purposes of Federal Income Tax deductions and Social Security tax deductions. I understand I could be terminated from the program if I am found ineligible after enrollment. I understand I may be prosecuted for providing false information. My rights and responsibilities as an applicant or participant have been presented to me.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_  
Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

