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## Paid Work Experience Application PLEASE RETURN THIS FORM TO PA CAREERLINK® LANCASTER COUNTY YA TEAM

Please do not hesitate to contact CareerLink with any questions: <u>OSYProgram@jobs4lancaster.com</u>, or call (717) 509-5613 and ask to speak with a Young Adult representative.

Name:						Date:				
Birth Date:	Highest Grade Completed:									
Do you have a diploma or GED?	YES, HS DIPLOMA		YES, GI		ED			NO		
	If so, date of diploma		or GEI	D:						
Complete Address:										
Email:			_		Phone:					
Are you currently working?			YES	YES			NO			
If so, how often?			AM		PM		F/T		P/T	
Othe	er (please explain)	):								
Do you have reliable transportation available?			YES				NO			
If so, what is it? My car	Parent/Guardian car		Bus/Public Trans.		Bike/Skateboard					
Other (pleas	e specify):									
What is your dream job?										
List three (3) areas of work that interest you:		1.								
		2.								
		3.								
What days of the week are you able to work?		M	T(ue)	W	T(hurs)		F	S(at)	S(un)	
What shift do you prefer?	AM	PM		F/T		P/T				
	Other (please explain):									
Are you available any other times?		YES	NO							
	If so, when?						<u> </u>			
What is your <b>minimum</b> hourly wage? \$			What	What is your <b>desired</b> hourly wage? \$						
How many hours are you interested	in working per v	veek?								
Any additional information (interpre	eters, work with o	daycare o	options,	etc.):						