

CalJOBS Registration – Youth Addendum

Clear Form Button:

Reset form

Name:		Last 4 of social:		Age:
Are you attending school? <input type="checkbox"/> Yes <input type="checkbox"/> No		English Language Learner: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Compulsory School attendance (14-17yrs):		High poverty zip code:		
Recent date of attendance _____ <input type="checkbox"/> Yes <input type="checkbox"/> No		_____ <input type="checkbox"/> Yes <input type="checkbox"/> No		
High school dropout: <input type="checkbox"/> Yes <input type="checkbox"/> No		Basic Skills Deficient (BSD): <input type="checkbox"/> Yes <input type="checkbox"/> No		
High school graduate or equivalent: <input type="checkbox"/> Yes <input type="checkbox"/> No		Youth with a disability: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employment Information				
Work History (Most recent job held)				
Job Title :		Hourly Wage: \$		
Company:		Start Date: _____ End Date: _____		
Job Duties:				
Are you currently working? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you receiving Unemployment Compensation? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Family Information (family includes parents/guardians and dependents)				
Family Size(including yourself) _____				
Family Income (past 6 months) _____				
List all family members information below:				
Family Member	Relationship	Age	Income	Source of Income
	Self			
Meets Governor's Special barriers to Employment: <input type="checkbox"/> Yes <input type="checkbox"/> No		In the Juvenile or Adult justice system: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Migrant Seasonal Farm Worker: <input type="checkbox"/> Yes <input type="checkbox"/> No		Individual Facing Substantial Cultural Barriers: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Youth needs additional assistance, (if yes, check box that applies below):				
<input type="checkbox"/> Never worked/limited work history	<input type="checkbox"/> Referred to or being treated by an agency for substance abuse	<input type="checkbox"/> Victim of abuse and documented by school staff or qualified professional		
<input type="checkbox"/> Emancipated youth	<input type="checkbox"/> Fired from a job within the past 12 months	<input type="checkbox"/> Emotional/Medical or Psychological problem documented by a qualified professional		
<input type="checkbox"/> GPA less than 1.5	<input type="checkbox"/> Repeated at least one secondary grade level	<input type="checkbox"/> Other _____		
<input type="checkbox"/> Gang Affiliated	<input type="checkbox"/> Incarcerated Parent			
Pregnant or parenting youth: <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a runaway? <input type="checkbox"/> Yes <input type="checkbox"/> No	Current/aged out of Foster Care: <input type="checkbox"/> Yes <input type="checkbox"/> No	Eligible under Section 477 of the Social Security Act: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Out of home placement? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you homeless? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Public Assistance Information				
Are you receiving: Refugee Cash Assistance: <input type="checkbox"/> Yes <input type="checkbox"/> No		General Assistance: <input type="checkbox"/> Yes <input type="checkbox"/> No		
California CalWORKs (TANF): <input type="checkbox"/> Yes <input type="checkbox"/> No		Supplemental Nutrition Assistance Program (SNAP): <input type="checkbox"/> Yes <input type="checkbox"/> No		
By checking the "I Agree" box or signing below, I acknowledge that I have received copies of: 1) Code of Conduct; 2) Grievance, Non-discrimination and Equal Opportunity complaint Procedures; and 3) Release of Information. Client Certification: By checking the "I Agree" box, or my signature below, indicates that I have been informed of and understand the information contained on this form. I certify under penalty of perjury that all the above information is true and complete. I agree that any information I have supplied is subject to verification. I understand that falsification of any item is grounds for termination from the Workforce Innovation Opportunity Act (WIOA) Program and may result in action to recover any moneys paid to me while participating.				
Signature of Client: <input type="checkbox"/> I Agree _____			Date: _____	
Parent/Guardian Signature (if under 18yrs): I Agree _____			Date: _____	
Office use only:				
Signature of Interviewer: _____		Agency: _____		Date: _____