Today’s date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Applying for: □ WorkZone □ WorkZone @ FG

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number we can use to call you: ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Another number where we can call you: ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_ Phone number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_

Your Age: \_\_\_\_\_\_\_\_\_\_\_\_\_ Your Birthday (month/day/year): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Ozone worker (if you have one): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have an original: □ School ID □ State ID □ Driver’s License □ Social Security card

 □ Birth Certificate □ AATA Fare Deal Card

Are you currently employed? □ Yes □ No

If yes, where? ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PAST WORK EXPERIENCE:

|  |  |
| --- | --- |
| Business and location: | Job Title and Duties: |
| Employed From: To: |
| Supervisor’s Name:  | Reason for leaving: |

|  |  |
| --- | --- |
| Business and location: | Job Title and Duties: |
| Employed From: To: |
| Supervisor’s Name:  | Reason for leaving: |

|  |
| --- |
| Tell us about any leadership or volunteer experience you have had: |

Highest level of education completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently enrolled in a school/training program? € Yes € No

If yes, what is the name of the school/program? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you going to be enrolled in a school program for the summer □ Yes □ No

Please list 2 references (adults who are not related to you)

|  |  |
| --- | --- |
| Name: | Name: |
| Relationship: | Relationship: |
| Phone #: | Phone #: |

|  |
| --- |
| What are your career goals? |

|  |
| --- |
| How would participating in WorkZone help you? In what areas (related to work) do you feel you need to improve? |

|  |
| --- |
| Is there anything else you want us to know about you? (ex. - interests, skills, on-going commitments that might affect your participation)  |

By Signing below, I/We give permission for WorkZone staff to contact the references I have listed on this application. In addition, I/We authorize Ozone House or its WorkZone partner sites to obtain a background check from any of the following consumer reporting agencies: National Sex Offender Registry Check, criminal records background checks, or the Michigan Department of Human Services Central Registry. In addition if the applicant is under 18 years of age I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parent or Guardian) give my permission for their participation in the WorkZone June 2017 training and post training internship provided all participation requirements are met.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant Signature Parent or Guardian Signature if participant is under 18

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name Printed Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact phone number to verify consent

|  |
| --- |
| Please note that the WorkZone training for June 2017 will be held Monday, June 19 – Friday, June 30th from 1:30 – 3:30 p.m. On Monday June 19th and Thursday June 29th WorkZone will go from 1:30 until 4:00. Participants are expected to attend all 10 sessions for the entire two hour block. Participants doing the Food Gatherers training will be given an additional schedule for July 5th – August 17th. Please list any schedule conflicts that you know about (or think may happen) below: |