South Coast Business Employment corporation

YOUTH APPLICATION

I. PERSONAL INFORMATION

Last Name | First Name | Middle Initial | Today's Date

Residential Address:_____
Street | City/State | Zip Code

Mailing Address:_____
Street | City/State | Zip Code

Telephone:_____
Home | Message

_____ Oregon Driver's License: ❑ YES ❑ NO
Date of Birth

II. EDUCATIONAL INFORMATION

Are you attending school? ❑ YES ❑ NO

If Yes, Currently Attending: _____

High School Diploma: ❑ YES ❑ NO

GED: ❑ YES ❑ NO

Corporate Headquarters
P.O, Box 1118
93781 Newport Lane
Coos Bay, OR 97420
(541) 269-2013
FAX (541) 267-0194
TTY: (541) 267-4477
1-800-858-5777

WORKSOURCE OREGON

South Branch
P.O. Box 2338
16399 Lower Harbor Road
Harbor, OR 97415
(541) 469-5306
FAX (541) 469-2928
1-800-481-5777

"Equal Opportunity Employer/Programs." Auxiliary aids available upon request to individuals with disabilities.
These services are available to all eligible persons, regardless of race, gender, age, disability or religion.

III. FAMILY INFORMATION

Check all of the following that may relate to you:

- ❑ TANF
- ❑ Foster Child
- ❑ Food Stamps
- ❑ Homeless
- ❑ Disability (Learning, Physical, Emotional)

IV. WORK HISTORY

Have you ever held a full or part time job? ❑ YES ❑ NO

Are You Currently Working? ❑ YES ❑ NO

List Your Current or Previous Employer:_____

_____

The federal government requires us to document family income in our files. This information is confidential and cannot be released to any other source without your permission. If you have questions about your eligibility for our program, please feel free to call our office.

List all family members (actually living in your household), including yourself. List all sources of income and the amounts for each wage earner for the six months prior to today's application. If self-employed, list net business income - all others list gross income.

FAMILY MEMBERS	AGE	RELATIONSHIP	INCOME SOURCE	GROSS INCOME LAST 6 MONTHS

SIGNATURE OF APPLICANT **DATE**