



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

**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 Center**  
2075 Sheridan Avenue  
North Bend, OR 97459  
(541) 756-8459  
FAX (541) 756-3900

## ~YOUTH PROGRAM APPLICATION~

South Coast Business is currently accepting applications for motivated youth (16 – 21 years) who want to access work-training programs in the community.

If accepted for enrollment, this program will offer work readiness training and the possibility of a paid work experience. You will be required to participate in the following activities as determined by your counselor:

- ✓ **Basic Skills Assessment** (math & reading for information gathering) testing to determine strength and weaknesses
- ✓ **Career Assessment Inventory** to determine career interests
- ✓ Attendance of SCBEC workshops
- ✓ Exploration of chosen career field
- ✓ Complete registration in iMatch Skills ®

## ~INSTRUCTIONS~

Please fill out application completely and return to South Coast Business in person or by mail.

It is understandable that you may have no previous work experience. Please include any volunteer or unpaid work experiences.

You will be contacted by a career consultant to discuss appropriate fit for the program or to schedule an interview.

"Equal opportunity employer/programs"  
Auxiliary aids are available upon request to individuals with disabilities.



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Today's Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_  
 Last Name                      First                      M.I.

\_\_\_\_\_  
 Mailing Address

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

\_\_\_\_\_  
 Residential Address                      State                      Zip

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

Telephone Numbers:

Home: \_\_\_\_\_

Message: \_\_\_\_\_

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

**CAREER INTEREST**

Have You Ever Applied With SCBEC Before?     Yes     No

Employment Interest Area(s): \_\_\_\_\_

Employment Skills Area(s): \_\_\_\_\_

**EDUCATION OR TRAINING**

High school name and location: \_\_\_\_\_

Did you graduate:     Yes     No                      If no, list highest grade completed: \_\_\_\_\_

If no, do you have a GED certificate?                       Yes     No

College or Business/Trade School Name: \_\_\_\_\_

Location: \_\_\_\_\_

Years Completed: \_\_\_\_\_                      Graduated?     Yes     No

Field of Study: \_\_\_\_\_                      Degree Granted: \_\_\_\_\_

**REFERENCES:** (Names of three persons whom you have known at least one year).

\_\_\_\_\_  
 Name                                      Address                                      Telephone

\_\_\_\_\_  
 Name                                      Address                                      Telephone

\_\_\_\_\_  
 Name                                      Address                                      Telephone



**READ CAREFULLY BEFORE SIGNING:**

I understand that if I receive services:

- 1) Any misrepresentation or omission of facts requested in this application is cause for termination, and;
- 2) My involvement with South Coast Business Employment Corporation is for no definite period and I may, for good cause be terminated at any time without prior notice.
- 3) I understand that as a Parent, Guardian or Other Responsible Adult my signature represents my agreement to assist my child in participating in this project.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent, Guardian, or Other Responsible Adult (*If Applicant under 18*)

\_\_\_\_\_  
Date