

Office Use Only

Date Received

Job Assist Youth Program

HR Teacher	
Room	

Student/Young Adult I	nformation					
Name:		Email:				
School District where	you reside: □Shenend	ehowa ⊡Bu	rnt Hills-Ballston Lake	e ⊟Ballston Spa		
School:	Currer	nt Grade:	Date of Birth:	Age:		
Home Address:						
Home Phone:	Cell Phone:					
Parent/Guardian Name(/s):					
Parent/Guardian Phone	(s):					
Do you have a valid NY	S Driver's License? □Ye	s □No	Do you have working pa	apers? □Yes □No		
Do you have access to t	transportation? □Yes □	INo Mode o	f transportation			
For funding statistics, pl	ease indicate ethnicity:	Place	a check in any job cate	gory that interests you.		
White	Asian		Childcare/Babysitting	Food Services		
Black or African	Native Hawaiian or		Housework/Cleaning	Tutoring		
American	Pacific Islander		Landscaping/Yard Work	Office Work		
Hispanic or Latino	2+ Races		Retail	Pet Care		
American Indian or	Prefer not to answer		Stock Work	Lifeguard		
Alaskan Native		Other:				

Do you have any special certifications or training that would be applicable to a job?

Do you have any special skills or hobbies?

Student Signature:

(For applicants under age 18): I understand that the Job Assist Youth Program is a job matching and information program only. Employers who seek youth applicants have not been screened or background checked. Parents are responsible to approve their youth's employment and to ensure their safety.

Parent/Guardian Signature: _____ Date: _____

Submit your application online at www.captaincares.org, via email to the contacts below, or by mail to: CAPTAIN CHS, 5 Municipal Plaza, Suite 3, Clifton Park, NY 12065.

For more information, contact: Marcia Szablewski, Job Assist Coordinator marcia@captaincares.org | 518.729.7997

Jessica Valcik, Youth Development/STEHP Manager jessica@captaincares.org | 518.371.1185

Date: