CITY OF LITTLE ROCK & SUMMER JOB ALLIANCE
REFERRAL APPLICATION

Return to: New Futures for Youth
103 East 7th Street, Suite 931
Little Rock, AR 72201
(501) 374-1011

Return No Later Than
April 15, 2004

MUST be 16 years old by June 1, 2004

IDENTIFICATION SECTION
Social Security Number:_____

Name: _____ **Are you a U.S. Citizen?** ____ ____
Last First Middle Yes No

Address: _____
Street Route Box City State Zip County of Residence

Telephone Number: _____ **Message Number:** _____

Parent/Guardian Name: _____

Address: _____
Street Route Box City State Zip County of Residence

Home Phone: _____ **Work Phone:** _____

Have you participated in this summer program before? _____ _____ **Worksite?** _____
Yes No

Do you have any medical concerns or allergies? _____ _____ **If yes, what?** _____
Yes No

CHARACTERISTIC SECTION

Date of Birth: _____ **Age:** _____ **Sex:** _____ **Race:** _____

Are you currently in school? _____ _____ **School Name:** _____ **Student ID #:** _____
Yes No

Grade Point Average: _____

WORK HISTORY SECTION (Include Volunteer Work and Community Service)

Name of Most Recent Employer _____ **Job Title** _____

Address:_____ **Wages per Hours** _____ **Hours per week** _____
Street Box City State Zip

Starting Date _____ Ending Date _____ Reason for Leaving _____

Volunteer Work Site: _____ **Job Title** _____

Address: _____
Street Box City State Zip

Starting Date _____ **Ending Date** _____

SKILLS/INTEREST (Indicate machine you know how to use and any relevant hobbies, activities)
Computer _____ Typewriter _____ Fax _____ Calculator _____ Phone System _____

Other Skills, Interest, Hobbies, Organizaitons: _____

The following statements must be read and your signature must appear below.

I HEREBY CERTIFY THAT MY APPLICATION CONTAINS NO FALSE INFORMATION **AND IS COMPLETE, TRUTHFUL AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND THAT ANY MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION MAY PREVENT ME FROM EMPLOYMENT AND IF I AM ALREADY EMPLOYED, I MAY BE DISMISSED FROM CITY EMPLOYMENT AND I MAY BE DISQUALIFIED FROM APPLYING FOR FUTURE EMPLOYMENT WITH THE CITY OF LITTLE ROCK.**

I give my permission for the City of Little Rock to conduct a background investigation, which may include: sex offender, child abuse, traffic, and criminal checks. I understand that I will be immediately disqualified (terminated if already employed) if any relevant offense is identified.

Signature of Applicant Date

Signature of Parent/Guardian Date

Date Application Received _____ Date entered into Database _____
Referred to: 1._____ 2. _____ 3._____
Placement? Yes _____ No _____ Reason (if no) _____
Location _____ Supervisor _____
Wage _____ Assessment Rcd./attached _____