



MOHAVE COUNTY
COMMUNITY SERVICES DEPARTMENT
ONE-STOP CAREER CENTERS

1355 Ramar Road, Suite 3
Bullhead City, AZ 86442
(928) 758-0702
(928) 758-0737 FAX
(928) 753-0726 TDD

700 West Beale Street
PO Box 7000
Kingman, AZ 86402-7000
(928) 753-0723
(928) 753-0776 FAX
(928) 753-0726 TDD

2001 College Drive, Suite 122
Lake Havasu City, AZ 86403
(928) 453-0710
(928) 453-0728 FAX
(928) 753-0726 TDD

COYOTE PROGRAM

This is an application for the **CO**alition **YO**uth **TE**am (COYOTE) Youth Employment and Training Program. The program is open to youth, ages 14 through 21. Program components vary by age and skill sets. Components can include stipends, job placement, vocational training and education. Applicants must complete and submit all required information. Those who meet eligibility criteria for the Workforce Investment Act (WIA) program will be considered for enrollment. Those who do not meet WIA eligibility requirements will be considered for the youth training and employment to the extent that funding and positions are available.

****Please complete and return the application packet with ALL required documentation (a list of required documentation is included).** In order for your application to be accepted, **your application packet must be COMPLETE.**

To be considered eligible to participate in the 2012 Summer Work Experience activities, this application must be submitted by April 19, 2012. Applications taken after April 19, 2012 will be placed on a waiting list and reviewed on a case-by-case basis depending on job availability and skill set.

Please remember that **eligibility does not guarantee selection** for the program. Each applicant is selected for services based on ability to benefit and other selection criteria. Other resources, information and referrals are available through the One-Stop Career Center whether or not you are selected for the Youth Employment and Training Program.

RETURN THIS APPLICATION TO:

Mohave County Community Services
2001 College Drive, Suite 122
Lake Havasu City, AZ 86403
Phone: (928) 453-0710
www.co.mohave.az.us/links/workforce

Find us on Facebook 
www.facebook.com/wiser.yser
ysr123@gmail.com

Must meet eligibility guidelines to be considered for enrollment into the WIA program.

"Mohave County One-Stop Career Center is an equal opportunity employer and provider of employment and training services. Auxiliary aids and services are available upon request to persons with disabilities."

INFORMATION NEEDED

Your name on your records must match the name you use when applying for this program. If they do not match, please bring written proof to show the reason for the change.

You must include proof of the following items and return these items with your completed application.

IF YOU DO NOT INCLUDE ALL THE NECESSARY DOCUMENTS, YOUR APPLICATION CANNOT BE ACCEPTED OR PROCESSED.

- __1. SOCIAL SECURITY CARD (Your Card must be signed by you)**

- __2. DATE OF BIRTH AND AGE VERIFICATION** (one of the following must contain your birth date)
 - Baptismal record (if date of birth is shown)
 - Birth Certificate
 - DD -214
 - AZ Driver's License/AZ State ID
 - Federal, State, or Local Government ID Card
 - Hospital Birth Record
 - Passport
 - Public Assistance/Social Service Record
 - School Records/Identification Card
 - Tribal Records
 - Work Permit

- __3. SELECTIVE SERVICE REGISTRATION** For males age 18-21 (one of the following)
 - DD -214
 - Selective Service Registration Record
 - Selective Service Verification Form
 - Stamped Post Office Receipt of Registration
 - Selective Service Registration card
 - SS Advisory Opinion Letter
 - www.sss.gov printout verification of number

- __4. CITIZENSHIP & RIGHT TO WORK VERIFICATION** (one from list A **OR** one from both list B and List C)
 - Baptismal Certificate with Place of Birth
 - One Verification from List A
 - One verification from List B and one verification from List C
 - DD-214, report of Transfer or Discharge (if place of birth is shown)

List A (one from list A **OR** one from both list B and List C)

 - US Passport
 - Permanent Resident Card or Alien Registration Receipt Card (Form I-551)
 - Unexpired Foreign Passport with a temporary I-551 stamp
 - Unexpired Employment authorization Document that contains a photograph (From I-766, I-688, I-688A, I-688B)
 - Unexpired Foreign Passport with an unexpired Arrival-Departure Record, Form I-94, bearing the same name as the passport and containing an endorsement of alien's nonimmigrant status, if that status authorizes the alien to work for the employer.

Must meet eligibility guidelines to be considered for enrollment into the WIA program.

"Mohave County One-Stop Career Center is an equal opportunity employer and provider of employment and training services. Auxiliary aids and services are available upon request to persons with disabilities."

List B

When selecting from list “B”, there must also be a copy of one item from list “C”

- Driver’s License or ID Card issued by a state or outlying possession of the US provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address
- ID Card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address
- School ID Card with photograph
- Voter’s Registration Card
- US Military Card or Draft Record
- Military Dependent’s ID Card
- US Coast Guard Merchant Mariner Card
- Native American Tribal Document
- Driver’s license issued by a Canadian Government Authority

For persons under 18 who are unable to present a document listed above:

- School Record or report card
- Clinic, doctor, or hospital Record
- Day-Care or nursery school Record

List C

When selecting from list “C”, there must also be a copy of one item from list “B”

- US Social Security Card issued by the SSA
- Certification of Birth Abroad Issued by the Department of State (FormFS-545 or DS-1350)
- Original or Certified Copy of Birth Certificate with Official Seal
- Native American Tribal Document
- US Citizen ID Card (Form I-197)
- ID Card for use of Resident Citizen in the US (INS Form I-179)
- Unexpired Employment Authorization Document issued by the DHS (other than those listed under List A)

__5. FAMILY SIZE (one of the following for each household member)

- | | |
|-------------------------------------------------------------|----------------------------------------------------------------|
| ○ Birth Certificates | ○ Landlord Statement |
| ○ Public Assistance/social service agency records | ○ Lease (If family size is given) |
| ○ Social Security Cards | ○ Most recent tax return |
| ○ Public housing authority (if resident or on waiting list) | ○ Written statement from a publicly supported 24-hour facility |
| ○ Court decree | ○ Native American Tribal documents |
| ○ Divorce decree | ○ Disabled (Family of 1) |

Must meet eligibility guidelines to be considered for enrollment into the WIA program.

"Mohave County One-Stop Career Center is an equal opportunity employer and provider of employment and training services. Auxiliary aids and services are available upon request to persons with disabilities."

- ___6. **INCOME or BENEFITS** - (one of the following for ALL household members)
Bring proof for yourself and all household members **for the last six (6) months.**
(If receiving public assistance, only bring award letter.)
- Alimony agreement
 - Unemployment insurance documents and/or printout
 - Award letter from Veteran's Administration
 - Compensation award letter
 - Court award letter
 - Employer statement/contact
 - Housing authority verification
 - Pay stubs
 - Pension/Annuity statement
 - Public assistance records (Food stamps, TANF, SSI, General Assistance, Refugee Cash Assistance, or Social Security)
 - Quarterly estimated tax for self employed persons
 - Social Security benefits
 - Family/Business Financial records
 - Bank statements (must show gross amounts)
- ___7. **DISABILITY VERIFICATION** (one of the following)
- Letter from Drug or Alcohol Rehabilitation Agency
 - Medical records
 - Statement from physician, psychiatrist, or psychologist
 - Rehabilitation Evaluation
 - School records
 - Sheltered Workshop Certification
 - Social Security Administration Disability Records
 - Social Service Records
 - Veteran's Administration letter/records
 - Vocational Rehabilitation evaluation
 - Workers' Compensation record
- ___8. **YOUTH --- SCHOOL STATUS VERIFICATION** (one of the following)
- School transcripts/documentation
 - GED Certification
 - Drop out letter
 - Diploma
- ___9. **HOMELESS VERIFICATION** (one of the following)
- Written statement from shelter
 - Written statement from an individual providing temporary assistance
 - Written statement from Social Service agency
- ___10. **RUNAWAY VERIFICATION** (one of the following) {ages 14-17}
- Written statement from shelter
 - Written statement from an individual providing temporary assistance
 - Written statement from Social Service agency

Must meet eligibility guidelines to be considered for enrollment into the WIA program.

"Mohave County One-Stop Career Center is an equal opportunity employer and provider of employment and training services. Auxiliary aids and services are available upon request to persons with disabilities."

- ___11. **OFFENDER VERIFICATION** (one of the following)
 - Documentation from Juvenile or Adult Criminal Justice System
 - Police records
 - Court documents
 - Letter of parole
 - Letter from probation officer

- ___12. **PREGNANT/PARENTING YOUTH VERIFICATION** (one of the following)
 - Child's Baptismal Records
 - Child's Birth Certificate
 - Doctor's note confirming pregnancy

- ___13. **FOSTER CHILD VERIFICATION**
 - Confirmation from Social Services Agency

- ___14. **PELL** {Most Current Award with Amount} (one of the following)
 - Copy of Check
 - Letter from School
 - Student Aid Report

- ___15. **VETERAN STATUS** (one of the following)
 - DD 214
 - Spouse of a Veteran
 - Military documentation (ID or other DD form) indicating dependent spouse

- ___16. **EMPLOYMENT STATUS AT PARTICIPATION**
 - Pay Stubs (if employed)

- ___17. **UNEMPLOYMENT COMPENSATION PROGRAM**
 - Bring proof that you are receiving UI benefits

Must meet eligibility guidelines to be considered for enrollment into the WIA program.

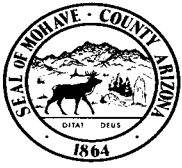
"Mohave County One-Stop Career Center is an equal opportunity employer and provider of employment and training services. Auxiliary aids and services are available upon request to persons with disabilities."

This page left intentionally blank!

Must meet eligibility guidelines to be considered for enrollment into the WIA program.
"Mohave County One-Stop Career Center is an equal opportunity employer and provider of employment and training services. Auxiliary aids and services are available upon request to persons with disabilities."

1/26/2012

Page 6 of 14



Mohave County Community Services Department

1355 Ramar Road, Ste #3
Bullhead City, AZ 86442
(928) 758-0702
(928) 758-0737 FAX
(928) 753-0726 TDD

700 West Beale St.
PO Box 7000
Kingman, AZ 86402-7000
(928) 753-0723
(928) 753-0776 FAX
(928) 753-0726 TDD

2001 College Drive, Ste. #122
Lake Havasu City, AZ 86403
(928) 453-0710
(928) 453-0728 FAX
(928) 753-0726 TDD

Application for WIA Program

Information is confidential and used for reporting purposes. Telecommunications Device for the Deaf TDD: (928) 753-0726. MO/PAZ WIA is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities.

Soc. Sec. #: _____ Name: _____

Residence Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Msg. Phone & Contact Name: _____

Email address: _____

Mother's Name/Guardian: _____

Father's Name/Guardian: _____

Please list 2 alternate contacts that do not live in your household:

Contact Name: _____ Relationship to you: _____

Residence Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Msg. Phone & Contact Name: _____

Email address: _____

Contact Name: _____ Relationship to you: _____

Residence Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Msg. Phone & Contact Name: _____

Email address: _____

Your Personal Information

Date of Birth: _____ Age: _____ Gender: Male or Female

If male age 18 or older, are you registered with Selective Service? [] yes [] no

If yes, what is your registration number? _____

Must meet eligibility guidelines to be considered for enrollment into the WIA program.

"Mohave County One-Stop Career Center is an equal opportunity employer and provider of employment and training services. Auxiliary aids and services are available upon request to persons with disabilities."

Are you a citizen of the United States? yes no If no, what is your registration number? _____

What is the expiration date on your registration? _____

Do you consider yourself to be of Hispanic heritage? yes no

Race: White African American/Black American Indian/Alaskan Native

Asian Hawaiian/Other Pacific Islander

Do you claim a disability? yes no

Does your disability substantially affect your ability to gain employment? yes no

If you have a disability or are currently under the care of a doctor; a work release may be required from your doctor. Do you need special accommodations to be a participant in this program? If yes, please explain:

Have you served in the US military?

Yes, less than or equal to 180 days and was discharged under other than less than honorable conditions.

Yes, greater than 180 days and was discharged under other than less than honorable conditions.

No

Yes, Other Eligible Person

Are you a campaign veteran? yes no

Are you a disabled veteran? yes, disabled yes, special disabled (greater than 30 %) no

Are you a recently separated veteran (within the last 48 months)? yes no

Are you a spouse of a veteran? yes no

Employment

Are you currently employed? yes no If no, last date worked: _____

What was/is your job title on your last job? _____

Please describe your last job: _____

What was/is your hourly wage? _____ How many hours per week did/do you work? _____

If employed, are you underemployed? yes no

Have you received a termination or layoff notice from your last job or, if still employed, current job?

(We will need to inquire about reason for layoff.) yes no

If unemployed, did you receive a layoff notice with a promise of a rehire date? yes no n/a

Are you currently receiving Unemployment benefits? yes no If yes, what is the amount of your weekly benefits? _____

Must meet eligibility guidelines to be considered for enrollment into the WIA program.

"Mohave County One-Stop Career Center is an equal opportunity employer and provider of employment and training services. Auxiliary aids and services are available upon request to persons with disabilities."

Education

What is the highest grade you have completed? _____

Are you now in school? [] yes [] no If so, what grade are you in now? _____

Do you plan to attend school next term? [] yes [] no If yes, what school? _____

Have you obtained your high school diploma? [] yes [] no GED? [] yes [] no

Do you have limited reading, speaking, writing, or understanding of the English language and is English a second language? [] yes [] no

Other

Are you a single parent? [] yes [] no

Are you homeless? [] yes [] no Are you a runaway? [] yes [] no

Have you been charged/convicted of a misdemeanor offense? [] yes [] no If yes, please indicate your offense and when it occurred? _____

Have you been charged/convicted of a felony? [] yes [] no If yes, please indicate your offense and when it occurred? _____

Are you a youth parent or a pregnant youth (age 14-21)? [] yes [] no

Are you a foster child? [] yes [] no

Finances

Please check the awards that YOU are currently receiving and indicate the monthly amount:

[] Temporary Assistance to Needy Families (TANF) \$_____

[] Supplemental Security Income (SSI) \$_____

[] Refugee Assistance (RA) \$_____ [] General Assistance (GA) \$_____

[] Food Stamps \$_____

Have you received food stamps in the past six months? [] yes [] no

Are you in a household receiving food stamps? [] yes [] no

[] Other Cash Assistance type: _____ \$_____

[] Social Security Benefits type: _____ \$_____

[] Disability Benefits type: _____ \$_____

[] Publicly supported foster care benefits type: _____ \$_____

Are you a current Pell Grant recipient? [] yes [] no If yes, how much? _____

Have you received any academic financial aid in the past? [] yes [] no

Have you defaulted on a student loan? [] yes [] no

Number of **your** dependents under 18 at home? _____

What is the total number of household members now living at your home? _____

Must meet eligibility guidelines to be considered for enrollment into the WIA program.

"Mohave County One-Stop Career Center is an equal opportunity employer and provider of employment and training services. Auxiliary aids and services are available upon request to persons with disabilities."

Have you participated in any type of job training program before? yes no

If yes, where? _____ When? _____

What kind of training? JTPA WIA other _____

Have you received any disaster relief assistance? yes no If yes, when? _____

Do you have a right to work in the US? yes no

Do you currently or have you in the past had a substance abuse problem with drugs or alcohol? yes no

Have you been arrested or convicted for driving under the influence of drugs or alcohol? yes no

Do any of your family members or relatives work for WIA? yes no If yes, please give details:

Do you: Lack transportation yes no Lack child care yes no

Lack adequate housing yes no Other yes no

Please explain: _____

Indicate your interest in any of following work experiences/training.

Please take this seriously since it will affect your placement.

(Rank your top 5 with 1 being your 1st choice and 5 being your 5th choice)

- | | |
|--------------------------------------------|-----------------------------------------------------|
| _____ Art Mural Project | _____ Library Assistant |
| _____ Automotive* | _____ Machinist/millwright* |
| _____ Banking* | _____ Medical Health Care (ex: C.N.A. or Dental) |
| _____ CAD/Engineering Technology | _____ Office Assistant |
| _____ Childcare/preschool | _____ Recreational Club working with young children |
| _____ Construction Trades* | _____ Renewable Energy |
| _____ Court or Legal System | _____ Retail |
| _____ Customer Service | _____ Tourism |
| _____ Drilling* | _____ Trail / Campground / Grounds Maintenance |
| _____ Event Planning | _____ Warehouse / Supply |
| _____ Food Service/Hospitality | _____ Working with Animals |
| _____ Forensic Assistant | _____ Other, Please specify: _____ |
| _____ Journalism, Website Design, or Media | |

(NOTE: Interests that are marked by a star (*) may have an age requirement for job placement depending on the employer's requirements)

Please list any of your skills, knowledge or interests, including any classes or volunteer experience especially those that relate to the above checked items.

Must meet eligibility guidelines to be considered for enrollment into the WIA program.
"Mohave County One-Stop Career Center is an equal opportunity employer and provider of employment and training services. Auxiliary aids and services are available upon request to persons with disabilities."

MOHAVE COUNTY COMMUNITY SERVICES DEPARTMENT

**Application for WIA Program
Signature Page**

Applicant's certification: I certify that the information provided in this application is true to the best of my knowledge. I am also aware that the information I have provided is subject to review and verification. I may have to provide documentation to support this application. I am also aware that I am subject to immediate termination of the Workforce Investment Act program if I am found ineligible after enrollment. I allow release of this information for verification purposes and understand that it will be used to determine eligibility.

Applicant Name (Printed)

Signature of applicant

Date

For Applicants under the Age of Eighteen (18):

As the Parent/Legal Guardian of the above applicant, I certify by my signature below that the information provided is correct to the best of my knowledge and that, if accepted; my dependent may participate in the Workforce Investment Act Program.

Parent/Legal Guardian Name (Printed)

Signature of Parent/Legal Guardian

Date

Must meet eligibility guidelines to be considered for enrollment into the WIA program.
"Mohave County One-Stop Career Center is an equal opportunity employer and provider of employment and training services. Auxiliary aids and services are available upon request to persons with disabilities."

This page left intentionally blank!

Must meet eligibility guidelines to be considered for enrollment into the WIA program.
"Mohave County One-Stop Career Center is an equal opportunity employer and provider of employment and training services. Auxiliary aids and services are available upon request to persons with disabilities."

1/26/2012

Page 12 of 14

Volunteer & Work History

List all experience (including volunteer and military service) during the past two (2) years.
If you have a current resume, please attach it.

Begin with your the most recent job even if it was a volunteer position.

Employer's Name		Job Title	
Employer's Address (Street, No., P.O. Box No., City, State, Zip)			
Hrs/Week	Hourly Wage	Begin Date	End Date
Describe Job Duties			
Reason for Leaving			

Employer's Name		Job Title	
Employer's Address (Street, No., P.O. Box No., City, State, Zip)			
Hrs/Week	Hourly Wage	Begin Date	End Date
Describe Job Duties			
Reason for Leaving			

Employer's Name		Job Title	
Employer's Address (Street, No., P.O. Box No., City, State, Zip)			
Hrs/Week	Hourly Wage	Begin Date	End Date
Describe Job Duties			
Reason for Leaving			

Attach additional pages as needed.

Must meet eligibility guidelines to be considered for enrollment into the WIA program.
"Mohave County One-Stop Career Center is an equal opportunity employer and provider of employment and training services. Auxiliary aids and services are available upon request to persons with disabilities."

Household Members

Please list all persons living in your household. A form of verification for each person is required.
Provide a written statement if there is a newborn without an ID.

Name	SSN	Relationship to you	Dates at current Residence	Age	Income Source/Type	Monthly Income Amount
		SELF				

Must meet eligibility guidelines to be considered for enrollment into the WIA program.
"Mohave County One-Stop Career Center is an equal opportunity employer and provider of employment and training services. Auxiliary aids and services are available upon request to persons with disabilities."