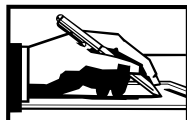


CSBG APPLICATION

DATE			
	Month	Date	Year

___ CEO ___ FATHERHOOD

Instructions:



Application must be completed in **blue** ink.
 All highlighted areas must be completed.

I. GENERAL INFORMATION

First Name (Please Print)	Middle	Last Name
Street Address	Apt. #	Phone Number
City, State	Zip Code	E-mail Address
Date of Birth (mm/dd/yyyy)		

Landlord's Name _____

Address _____

Telephone no. _____

II. PLEASE ANSWER THE QUESTIONS BELOW:

- Are you a US Citizen? ___ No ___ Yes
- Have you ever been convicted of a felony? ___ No ___ Yes
- Did you file income tax last year? ___ No ___ Yes

If yes, did you file: ___ Single ___ Head of Household
 ___ Married (jointly) ___ Married (separately)

How did you hear about us?		Please check all that applies.	
<input type="checkbox"/> Family/Friend	<input type="checkbox"/> Employer	<input type="checkbox"/> Presentation	<input type="checkbox"/> CTCC
<input type="checkbox"/> The Employment Source	<input type="checkbox"/> Dept. of Jobs & Family Services	<input type="checkbox"/> Walk-In	<input type="checkbox"/> Fatherhood/CSEA
<input type="checkbox"/> Job Fair	<input type="checkbox"/> Flyer/Brochure	<input type="checkbox"/> SCCAA Staff	<input type="checkbox"/> Other

Applicants will be accommodated without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.

Center for Education and Employment Opportunities

Student Emergency Medical Information

Student's Name _____

In the event of an emergency, I would like to have the following person(s) contacted in the following order:

Please Print

Name:	Phone:	Relationship:
Name:	Phone:	Relationship:
Name:	Phone:	Relationship:

Please contact Dr: (medical) _____ phone: _____

Please contact Dr: (medical) _____ phone: _____

I wish to be transferred to: _____ Hospital

****ALLERGIES**** (Please list things you are allergic to and symptoms on the back of this form.)

Please list any medical condition(s) and /or information vital to your treatment.

Please list any medications (taken on a regular basis due to your condition(s)).

Additional Comments _____

Student Signature: _____ Date : _____

Authorization for Release of Information

I, _____ am enrolled in the employment and career training program operated by the Stark County Community Action Agency Center for Education and Employment Opportunities. I authorize the agency's Job Market Developer to obtain information regarding employment I may secure after the date of my signature on this document.

Signature _____

Date: _____ Social Security Number: _____/_____/_____

EMPLOYMENT VERIFICATION

Employer: Please complete the following information.

Organization/Business Name :		
Address		
City/State/Zip		
Employment Start Date:	Full Time Yes <input type="checkbox"/> No <input type="checkbox"/>	Termination Date, if any:
Hours per week:	Gross Hourly Wage:	(Check one) Temporary Position <input type="checkbox"/> Permanent Position <input type="checkbox"/> Other _____ <input type="checkbox"/>
Position/Title:	Benefits Yes <input type="checkbox"/> No <input type="checkbox"/>	
Date of Verification:	Employer's Name (Please Print)	Employer's Signature
Telephone Number: () _____	Employer's Position/Title : _____	
Participant's Signature _____		
For SCCAA/CEO Office Use Only:		
06 D6 CW DR DW Other: _____		

EMPLOYMENT PLEDGE

The goal of Stark County Community Action Agency Center for Education and Employment Opportunities (CEEEO) program is to place ninety percent of our clients into fulltime, entry-level jobs within ninety days after graduation. These positions should pay above the poverty level and provide benefits for our clients and their dependents.

Participants are required to pledge a commitment to contribute their best efforts and time in meeting job search responsibilities. Violation of this pledge may result in the loss of our job search support and employment placement assistance.

Violations include, but are not limited to, the following:

- Failure to show for an interview.
- Failure to follow up on employment referrals.
- Inappropriate behavior or presentation.

Where interagency agreements exist, the CEEEO will report violations of this pledge to the appropriate authority.

Your signature below verifies your understanding of this Employment Pledge and signifies your pledge to pursue employment within the parameters established by the Center for Education and Employment Opportunities.

Client

Date

Job Market Developer

Date

Authorization for Release of Information

Dear Client:

By signing this release, you give Stark County Community Action Agency's Center for Education and Employment Opportunities exclusive permission to use any and all photographs taken of yourself, either individually or in a group setting with other students, for the purpose of promotion and/or publicity. These photos will strictly be utilized in documents publicizing the program and will include such items as brochures, pamphlets, flyers, and Internet sites.

In addition, your signature below gives us exclusive permission to share comments that you have made about our program, its staff, faculty, and facilities with others.

We appreciate your cooperation and look forward to your participation in the program. If you freely give permission for the use of such materials and information, please place your signature and today's date on the lines provided below.

Name: (Please Print) _____

Signature: _____

Date: _____