



Youth Empowerment Initiative Summer Jobs Program

Date _____

Directions: Type or print in black ink. Answer all applicable questions.

PERSONAL INFORMATION			
Last Name	First Name	Middle	
Address	City	State	Zip
Phone	Email	Date of Birth	SS#
Driver's License Number	License State	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Relatives Employed with CWM? <input type="checkbox"/> YES <input type="checkbox"/> NO

EDUCATION (Please list high school and secondary programs attended)				
Name of School	Class	Did you graduate	Degree/Certification	Credits Earned
High:				
College/University:				

WORK EXPERIENCE			
Employer Name	Job Title	Dates Employed	Supervisor's Name
Reason For Leaving			
Duties			

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