

Only selected candidates will be offered an interview. Interviews will take place on one of the following dates: 3/28, 4/11 or 5/9. Interviews will typically be conducted in the afternoon.

GENERAL INFORMATION				
Last Name		First Name		Middle Initial <input type="checkbox"/> Male <input type="checkbox"/> Female
Street Address		City	Zip Code	Date of Birth (MM/DD/YYYY)
Home Phone	Cell Phone	Email		Social Security#
Secondary Contact Name		Relationship to You		Phone
Are you authorized to work in the U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO				
(Optional) Please select your ethnicity <i>Please select only one</i>		<input type="checkbox"/> Asian/Pacific Islander		<input type="checkbox"/> Black or African American
		<input type="checkbox"/> Hispanic or Latino		<input type="checkbox"/> American Indian or Alaskan Native
		<input type="checkbox"/> White/Caucasian		<input type="checkbox"/> Other {including multiple ethnicities}
Health Care Provider		Physician Name		Phone Number
Are you or your family currently receiving low-income benefits or services? <input type="checkbox"/> YES <input type="checkbox"/> NO				
EDUCATION				
Are you currently attending school? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Most recently attended school:		Did you graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO		(Expected) Graduation Year:
EMPLOYMENT/VOLUNTEER HISTORY: Begin with your current or most recent position				
From (Date)	Employer	Job Title		Pay Rate
To (Date)	City State	Supervisor's Name		Supervisor's Phone
Total Length of Employment	Reason for Leaving			
Hours per Week	Job Duties			
How did you hear about this program?				

I certify that the statements made herein are true and correct to the best of my knowledge.

Signature of Applicant

Date

Parent or Guardian Signature (If under 18 Years of Age)

Date

MYF Job Interest & Availability Form

Your Answers to these questions will help us find you your summer work experience job.

VERY IMPORTANT: We can't promise to place you according to your choices, but we will do our best.

Name: _____ Cell phone number: _____ Age: _____

1. How will you get to work/ training each day? (Circle one or more)

Public Transit

Drive Yourself

Driven by Someone Else

2. Select five job areas you would be interested in working. Do not rank, simply mark 5 boxes with a, "x."

- Clerical (answering phones, filing, copying, data entry, etc.)
- Recreation (special events, senior center, youth/teen programs, facilities, marketing, camps, etc.)
- Hospitality & Catering (food service, front desk functions, customer service, etc.)
- Outdoor maintenance (trail maintenance, stream cleanup, park cleanup, etc.)
- Public Service (planning, public safety, records, human resources, analysis functions, etc.)
- Manufacturing (assembly line, IT, engineering, office assistant, etc.)
- Technology (computer science, electronics, mobile apps, coding, etc.)
- Anything (I am open to any job placement)

3. List any skills or talents (play an instrument, proficient in coding languages, etc.):

4. List your interests (gardening, electronics, dance, sports, cooking, social media, etc.):

5. Please indicate in the boxes below which days and/or times you are available to work.

Summer (June 10 – August 2)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Do you have any long periods of time during the summer you cannot work such as summer school or vacation? Yes No

If Yes, when? _____

My signature is certification the above information, including my availability is true and correct to the best of my knowledge. I understand I will be scheduled based on this availability and the business needs of my assigned department, which may include nights, weekends, and holiday periods.

If placed, any changes in my availability must be discussed with and approved prior to any adjustments being made. Additionally, no special requests for time off have been approved during my interview unless specifically listed on this form and signed by Milpitas Job Program representative. I further understand there is no obligation to honor any special requests for time off and agree to this as a condition of my employment

Applicant Signature: _____ Date: _____

MYF Supplemental Questionnaire

Answers to all questions should be submitted in typed format, size 12 font and single-spaced. Answers to all 4 questions may not exceed 1 page typed.

1. Why do you want to participate in the Milpitas Teen Work Program?
2. Tell us about your goals and future ambitions.
3. Everyone has different abilities and skills. What do you feel is your biggest strength? How will this strength help you succeed in the Milpitas Teen Work Program?
4. Using only three words, describe yourself.

MYF Letters of Recommendation

Two (2) letters of recommendation are required with your application. One letter should be from a personal reference and the other reference should be from a professional or academic reference. Recommendation letters from a family member will not be accepted.

Check List

- Application Form
- Job Interest and Availability Form
- Supplemental Questionnaire
- List two (2) references not from a family member

All materials should be submitted to Andrea Hutchison at ahutchison@ci.milpitas.ca.gov or in- person to the Milpitas Sports Center ATTENTION: Andrea Hutchison.

Final Due Date: May 1, 2019 OR once all spaces are filled