



2020 Experience Works PLUS! Internship Application
 *please review the COVID-19 update page regarding the Experience Works!
 PLUS Internship Program*

Applicants must submit this application and a current resume to Janet Ward, Westmoreland-Fayette Workforce Investment Board, 145 Pavilion Lane, Youngwood, PA 15697 or email it to jward@westfaywib.org.

STUDENT INFORMATION – ALL FIELDS MUST BE COMPLETED

College/University Attending:

Current Major:

Any Minors/Certificates (if applicable):

Student's Name: (First, Last, MI)

Street Address:

City:

State:

Zip Code:

Email Address:

Phone Number:

Date of Birth:

Education Level Completed:

How did you hear about this program?

Selective Service Registration (Required for 18 or older males): Yes, I'm Registered No, I'm not registered N/A

Do you have reliable transportation? Yes No

Are you able and have the capabilities to do work remotely if needed? Yes No

Is this your first job/work experience? Yes No (if no, please answer the following concerning most recent job experience)

Name of employer:

Job title:

Start and End Date (mm/yr):

Gender: Male Female Prefer not to specify/Other

Ethnicity (please select only ONE):

- American Indian/Alaskan Native
- Asian/Pacific Islander
- Black/African American
- Hispanic/Latino
- White/Caucasian

Demographic Data (check all that apply):

- High School Dropout
- Homeless/Runaway/Foster Child
- Adjudicated/At-risk of being court involved
- Incarcerated Parent(s)
- English Language Learner
- Migrant
- Pregnant or Parenting
- Disability
- Low income (<\$12,420 per a family of one)

I attest that the information stated above is true and accurate, and understand that the above information, if misrepresented, or incomplete, may be grounds for immediate termination and/or penalties as specified by law.

Applicant Signature:

Date:

PRESS RELEASE

I give my permission for the Westmoreland-Fayette Workforce Investment Board(West-Fay WIB) and its partnering organizations to use my name and/or photograph(s) for purposes of publication in newspapers, magazines, or other print media, as well as in radio, television and on the internet on their company website, as may be appropriate for publicizing their programs.

I release West-Fay WIB of any liability which may involve the publicizing of my name and/or photograph(s).

Yes, I give permission to use my photo and name No, I do not give permission to use my photo or name

Applicant Signature:

Date: