



2022 Experience Works! PLUS Intern Application

Applicants must submit [this application](#) and a [current resume](#) to Courtney Venick at cvencik@westfaywib.org. ALL FIELDS MUST BE COMPLETED.

Student Information:			
Post-Secondary Institution Attending:			
Major:		Minor/Certificates (if applicable):	
Student's Name: (First, MI, Last)			
Street Address:			
City:	State:	Zip Code:	County:
Email Address:		Phone Number:	
Date of Birth (MM/DD/YYYY):		Education Level Completed:	
How did you hear about this program?			
Selective Service Registration (Required for 18 or older <u>males</u>): <input type="checkbox"/> Yes, I'm Registered <input type="checkbox"/> No, I'm not registered <input type="checkbox"/> N/A			
Do you have reliable transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is this your first job experience? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you able and have the capabilities to do work remotely if needed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
What is your sex?: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to specify/Other			
Ethnicity (please select all that apply): <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Other _____		Demographic Data (check all that apply): <input type="checkbox"/> High School Dropout <input type="checkbox"/> Homeless/Runaway/Foster Child <input type="checkbox"/> Adjudicated/At-risk of being court involved <input type="checkbox"/> Incarcerated Parent(s) <input type="checkbox"/> Low income (<\$12,420 per a family of one) <input type="checkbox"/> Migrant <input type="checkbox"/> Pregnant or Parenting <input type="checkbox"/> Disability <input type="checkbox"/> English Language Learner	
Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have a valid Social Security number and card? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please acknowledge that you may be required to physically bring and display your Social Security card to a WFWIB representative at the WFWIB office as proof of Social Security registration.			
<input type="checkbox"/> I acknowledge that I may be required to present my Social Security card to a WFWIB representative at the WFWIB office.			

Statement of Family Size/Family Income: The house includes only you as the participant, as well as your legal spouse and/or children if applicable. Please list your household members 6-month income. The participant's parents/guardians' information, including the parents/guardians' income, in not required. Sources of participant income: Employment, Self-Employment, Pension, Alimony, Workers Compensation, Social Security Retirement/Survivor Benefits. Proof of income may be requested.			
Household Members Names	Relationship to Applicant	Source of Income	Family Member Income (Last 6 months)

Total # in Family:			Total Income:

Additional Sources of Family Income not included in Income Eligibility (validation documentation may be requested):		
Do you/your family currently receive Cash Public Assistance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If not, did you/your family receive Cash Public Assistance within the last six (6) months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you/your family receive Food Stamps?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If not, did you/your family receive Food Stamps within the last six (6) months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you/anyone in your family receive Supplemental Social Security (SSI)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you/anyone in your family receive Social Security Disability Income?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you receive child support?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

I hereby authorize and request the disclose to the TANF Youth Development Program (YDP) service provider any information concerning education and training activities and any additional information involving eligibility for myself. As a client in TANF YDP, I give permission to the TANF YDP. It is understood that the information obtained will be used only for purposes directly related to the participation and eligibility with the TANF YDP provider.

Applicant Signature: _____ **Date:** _____

Staff Signature: _____ **Date:** _____

COVID-19 Safety Agreement:

Worksites participating in the Westmoreland-Fayette Workforce Investment Board's Experience Works! PLUS Internship Program must follow state, Center for Disease Control and Prevention's (CDC), and Department of Health's (DOH) guidance detailing how to conduct business and in-person operations. Guidance is subjected to all businesses, including non-profits. All businesses must also follow CDC and DOH guidance for social distancing and cleaning.

Participating worksites must confirm that they are adhering and will continue to adhere to COVID-19 guidance to ensure the safety of all employees and interns. Furthermore, participating worksite confirm that they possess a COVID-19 Safety Plan that is followed and is made easily available for all employees and interns to read and access.

By checking below, it confirms that as an Experience Works! PLUS intern you understand that there is no obligation to continue the Experience Works! PLUS Internship Program if you feel working conditions are unsafe. Additionally, by checking below it confirms that you will review and follow your worksite's COVID-19 Safety Plan to ensure the safety of yourself and others.

I confirm, as a potential intern within the Experience Works! PLUS Internship Program, that I understand there is no obligation to continue the Experience Works! PLUS Internship Program if I feel working conditions are unsafe. Additionally, I will review and follow my internship worksite's COVID-19 Safety Plan to ensure the safety of myself and others.

Application Agreement:

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 Agreement:

I give my permission for the Westmoreland-Fayette Workforce Investment Board (WFWIB) 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 the WFWIB 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: _____

The WFWIB is an Equal Opportunity Employer/Program. Auxiliary aids and services are available upon request to individuals with disabilities.