



## Experience Works! PLUS Intern Application

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

<b>Student Information</b>			
Postsecondary Institution or School District:			
Major or Area of Interest:		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?			
Are you related to anyone currently working at your intended worksite? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please explain:			
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			
<b>Ethnicity</b> (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 _____		<b>Demographic Data</b> (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.			

<b>Statement of Family Size/Family Income:</b> The house includes <b>only you as the participant</b> , as well as your legal spouse and/or children, if applicable. The participant's parents/guardians' income is <b>not required</b> . Sources of participant income: Employment, Self-Employment, Pension, Alimony, Workers Compensation, Social Security Retirement/Survivor Benefits. <b>Proof of income may be requested</b>		
<b>Household Members Names</b> (only include yourself, spouse, and children, if applicable)	<b>Relationship to Applicant</b>	<b>Monthly Income</b>
		<input type="checkbox"/> \$0 <input type="checkbox"/> up to \$1500 <input type="checkbox"/> \$1500-\$2000 <input type="checkbox"/> \$2000-\$2500 <input type="checkbox"/> \$2500-\$3000 <input type="checkbox"/> Over \$3000
		<input type="checkbox"/> \$0 <input type="checkbox"/> up to \$1500 <input type="checkbox"/> \$1500-\$2000 <input type="checkbox"/> \$2000-\$2500 <input type="checkbox"/> \$2500-\$3000 <input type="checkbox"/> Over \$3000

**Additional Sources of Family Income not included in Income Eligibility (validation documentation may be requested):**

Have you/your family received any of the following within the last six months?

- Cash Public Assistance
- Food Stamps
- Supplemental Social Security (SSI)
- Social Security Disability Income
- Child Support

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: \_\_\_\_\_

**Internship Opportunity of Interest:**

In a few sentences, please explain why you are interested in the specific internship you have chosen and how it assists you in achieving your career goals. If you do not already have an internship lined up, please explain what type of experience you are looking for and how it aligns to your major and/or area of interest.

**For those still seeking an internship:**

The WFWIB holds a network of local employers and employers interested in participating in the Experience Works! PLUS program. To support those still seeking an internship after applying to the Experience Works! PLUS program, the WFWIB attempts to assist the individual in making the connection to an appropriate opportunity.

By checking the box, I confirm, as a potential intern within the Experience Works! PLUS Internship Program, that I give the WFWIB permission to share my resume with local worksites in the hopes of supporting me in finding an internship opportunity through the Experience Works! PLUS program. I also confirm that I will continue seeking an internship on my own, as well.

**Press Release & Communications 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 also consent to receiving updates regarding the program via email, newsletter, etc. I release the WFWIB of any liability which may involve the publicizing of my name and/or photograph(s) and receiving of communications.

Yes, I give permission  No, I do not give permission

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**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: \_\_\_\_\_

*The WFWIB is an Equal Opportunity Employer/Program. Auxiliary aids and services are available upon request to individuals with disabilities. For federal funding information, visit [westfaywib.org/resources](http://westfaywib.org/resources).*