

Experience Works! PLUS Intern Application

Application can be completed digitally through [Adobe Acrobat Reader](#) or Microsoft Edge, or handwritten.
Applicants must submit this application and a current resume to ewp@westfaywib.org.

ALL FIELDS MUST BE COMPLETED.

Student Information			
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	
What is your sex? <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to specify			
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 (<\$14,580 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	

Internship Details
Name of Worksite Hosting Internship (if applicable):
Desired Semester(s) to Complete Internship (select all that apply): <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall
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 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 maintains a network of local employers interested in hosting Experience Works! PLUS interns. For applicants still seeking placement, the WFWIB may assist in connecting individuals with suitable opportunities.
<input type="checkbox"/> By checking the box, I authorize the WFWIB to share my resume with local worksites to support my internship search through the program. I also acknowledge my responsibility to continue seeking opportunities independently.

Statement of Family Size/Family Income	
Information provided on this application may require verification (ex. original birth certificate and social security card)	
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

Household members include **yourself, your legal spouse, and/or children, if applicable**. Parents'/guardians' income is **not required**. Sources of income: Employment, Self-Employment, Pension, Alimony, Workers Compensation, or Social Security Retirement/Survivor Benefits.

Household Members Names	Relationship to Applicant	Source of Income	Family Member Income (Last Six Months)

Additional Sources of Family Income Not included in Income Eligibility:

<input type="checkbox"/> Cash Public Assistance <input type="checkbox"/> Food Stamps <input type="checkbox"/> Supplemental Social Security (SSI)	<input type="checkbox"/> Social Security Disability Income <input type="checkbox"/> Child Support
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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: _____

WFWIB Staff Signature: _____ Date: _____

Press Release & Communications Agreement

I give permission to the Westmoreland-Fayette Workforce Investment Board (WFWIB) and its partners to use my name and/or photographs in newspapers, magazines, print media, radio, television, and on their website to publicize programs. I consent to receiving program updates via email, newsletters, and similar communications. I release WFWIB from any liability related to the use of my name, photographs, or communications.

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

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: _____



Funding provided by the Westmoreland-Fayette Workforce Investment Board.