



CITY OF EVANSTON
Summer Youth Employment Program
 An Equal Opportunity Employer



APPLICATION

PRINT CLEARLY

NAME:		
Last	First	Middle
STREET ADDRESS:		WARD
CITY:	STATE: IL	ZIP: Email:
HOME NO:	CELL NO:	EMER NO:
DATE OF BIRTH: / /	SOCIAL SECURITY NO: / /	
00/00/0000	000/00/0000	
NAME OF PARENT/LEGAL GUARDIAN:		

PRINT CLEARLY

EDUCATION:

MIDDLE SCHOOL:	Graduation year
HIGH SCHOOL:	Graduation year

Circle the grade you will be **IN** September, 2009 **8th** **9th** **10th** **11th** **12th**

AVAILABILITY:

- Will you be attending summer school? YES NO If yes, at what school? _____
- Are you a resident of the City of Evanston, Illinois? YES NO
- Are you eligible for the free or reduce school lunch program? YES NO
- Please mark if you are available to work FULL-TIME (8hrs) per day or PART-TIME (4hrs.) per day
- Indicate the date you will be available to start work (date)? _____ / _____ / _____
- Do you have a disability or health issues that requires an accommodation? YES NO
If YES explain: _____
- Have you ever worked for the Summer Youth Employment Program (SYEP)? YES NO
if YES, indicate dates and positions or departments below.

Start Date: / /	Position:	End Date: / /	Position:
Start Date: / /	Position:	End Date: / /	Position:

8. Are you a citizen of the United States? YES NO

REFERENCES:

PRINT CLEARLY

Name:	Address:	Telephone:
1		
2		
3		

WORK EXPERIENCE:

1. PRINT CLEARLY

EMPLOYER			
STREET ADDRESS:			
CITY:	STATE:	ZIP	
PHN NO:	JOB:	Start: / /	End: / /
REASON FOR LEAVING?:			

2. PRINT CLEARLY

EMPLOYER:			
STREET ADDRESS:			
CITY:	STATE:	ZIP CODE:	
PHN NO:	JOB:	Start: / /	End: / /
REASON FOR LEAVING?:			

VOLUNTEER /EXTRA CURRICULAR EXPERIENCE (School teams, Church clubs and/or Volunteer organization.)

ORGANIZATION:			
STREET ADDRESS:			
CITY:	STATE:	ZIP CODE:	
PHN NO:	JOB	Start: / /	End:
REASON FOR LEAVING?:			

SKILLS/INTEREST (Check all that apply and time of experience)

<input type="checkbox"/> Personal Computer	Mo/Yrs	<input type="checkbox"/> Typing/	Mo/Yrs.	<input type="checkbox"/> Telephone/Reception	Mo/Yrs.
<input type="checkbox"/> Customer Service	_____	<input type="checkbox"/> Cashiering	_____	<input type="checkbox"/> Reading	_____
<input type="checkbox"/> Mathematics	_____	<input type="checkbox"/> Landscaping	_____	<input type="checkbox"/> Mechanics	_____
<input type="checkbox"/> Writing (Reports, etc.)	_____	<input type="checkbox"/> Electronics	_____	<input type="checkbox"/> Conservation	_____
<input type="checkbox"/> Child Care	_____	<input type="checkbox"/> Organizing	_____	<input type="checkbox"/> _____	_____

I hereby certify the information contained herein is true and accurate. I understand that any misrepresentation will be grounds for ineligibility or termination.

Applicant Signature

Date

IMPORTANT

Please indicate the positions you are interviewing for below

JOB FAIR POSITIONS PRINT CLEARLY

Position	FT/PT	Department/Company
1		
2		
3		