



Job Training
for Beaver County, Inc.

**JOB TRAINING FOR BEAVER COUNTY, INC.
YOUTH PROGRAM APPLICATION**

COMPLETING an application is not a guarantee of placement.
Please remember – You must be 14 to 21 to apply for our program and meet our eligibility requirements. The Youth Program is year round and being accepted into the program means a Commitment from our youth throughout their enrollment.

Completed forms with the information requested can be mailed to or dropped off at:

Job Training for Beaver County
277 Beaver Valley Mall
Monaca, PA 15061
Attn: Youth Dept.

Copies of the following items **must be attached** to your application:

- ✓**SOCIAL SECURITY CARD**
 - ✓**BIRTH CERTIFICATE OR HOSPITAL, BAPTISMAL, PUBLIC ASSISTANCE RECORD**
 - ✓**PROOF OF ALL FAMILY INCOME-PAY STUBS OR EMPLOYER STATEMENT DATING BACK 6 MONTHS FROM DATE OF APPLICATION IS REQUIRED. *A W-2 IS NOT ACCEPTABLE**
 - ✓**IF YOU ARE A MALE 18 YEARS OR OLDER YOU MUST BE REGISTERED WITH SELECTIVE SERVICE TO PARTICIPATE IN ANY WORKFORCE INVESTMENT PROGRAM.**
TO REGISTER GO TO WWW.SSS.GOV
 - ✓**VERIFICATION OF DISABILITY, JUVENILE JUSTICE INVOLVEMENT, FOSTER CARE, PREGNANT AND/OR PARENTING**
- IF YOU ARE PLANNING TO WORK:**
- ✓**WORK PERMIT (IF UNDER THE AGE OF 18); OBTAIN AT LOCAL HIGH SCHOOL OFFICE**
 - ✓**PHOTO IDENTIFICATION: SCHOOL ID / PA PHOTO IDENTIFICATION CARD / LICENSE**

IMPORTANT APPLICATION INFORMATION:

- 1. IF YOU ARE UNDER THE AGE OF 18 YOUR PARENT OR GUARDIAN'S SIGNATURE MUST BE COMPLETED ON PAGES 3, 4, 5 AND 9. BE SURE "YOUR" SIGNATURE IS ON PAGE 3, 5 & 9.**
- 2. IF YOU ARE OVER THE AGE OF 18 YOUR SIGNATURE IS NEEDED ON PAGES: 3, 5 & 9.**
- 3. YOUR SCHOOL COUNSELOR MUST COMPLETE AND SIGN THE BOTTOM OF PAGE 4.**

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT:

VICKIE KRAMER, YOUTH CASE MANAGER 724-728-2020 EXT. 114
NICOLE COE, YOUTH CASE MANAGER 724-728-2020 EXT. 111
ADAM KLEVENHAGEN, YOUTH MENTOR 724-728-2020 EXT. 117
RICK RILEY, PROGRAM MANAGER 724-728-2020 EXT. 103



Youth Services Sponsored by
The Southwest Corner Workforce Investment Board
351 West Beau Street, Suite 300
Washington, PA 15301

Funded by
The Workforce Investment Act of 1998
Equal Opportunity Employer
Auxiliary aids and services available upon request to individuals with disabilities

YOUTH PROGRAMS APPLICATION (ISY & OSY)

Social Security No. _____ Application Date _____
 Name _____ Date of Birth ____/____/____ Age ____
Last First MI
 Phone No. _____ Cell Phone _____ Alternate Phone No. _____
 Address _____
House Number and Street City State Zip
 County **Beaver** City/Twp/Boro _____ Email _____
 School _____ Last Grade Completed ____ What year did/will you graduate? _____
 Reason for application: _____
 Do you attend the BCCTC? ____ If yes, which program of study _____

YOU MUST HAVE VERIFICATION FOR ALL "YES" ANSWERS TO ELIGIBILITY INFORMATION
(for example: school records, physician's statement, etc)

1. Are you currently a: High/Middle School Student ____ Drop Out ____ GED ____ High School Grad ____ College Student ____
2. Were/are you in learning support at school? Yes ____ No ____
3. Do you have an Individual Education Plan (IEP)? Yes ____ No ____
4. Are you involved in Drug and/or Alcohol Treatment? Yes ____ No ____
5. Are you or have you been on probation? Yes ____ No ____
 Name of Probation Officer? _____ Charge: _____
6. Do you have a physical, mental, or learning disability? Yes ____ No ____ Explain _____
7. Do you receive SSI? Yes ____ No ____
8. Are you currently homeless? Yes ____ No ____
9. Do you live in an institutional/shelter providing support/care? Yes ____ No ____ Explain _____
10. Are you a Foster Child? Yes ____ No ____
11. Are you a parent? Yes ____ No ____
12. Does the child live with you? Yes ____ No ____
13. Are you pregnant? Yes ____ No ____

FAMILY INCOME

1. Do you or your parent(s)/guardian(s) receive cash assistance? Yes ____ No ____
2. Have you or your parent(s)/guardians(s) received Food Stamps in the last 6 months? Yes ____ No ____

Please list below: ***ALL family income sources received in the last 6 months by ALL dependents claimed on Income Tax***

Must include Pay Stubs to verify!

Family Member's Name	Relationship to applicant	Source of Income	Gross Income Last 6 months

CITIZENSHIP: US Citizen Yes ___ No ___ Eligible (non citizen) Yes ___ No ___ **Gender:** Male ___ Female ___

RACE/ETHNIC GROUP: Hispanic / Latino ___ Non Hispanic / Latino ___ Do Not Wish to Disclose ___
American Indian or Alaskan Native ___ Asian ___ Black or African American ___ Hawaiian Native or Pacific Islander ___
White ___ Do Not Wish to Disclose ___

MALES 18 or older must be registered for Selective Service. ARE YOU REGISTERED? Yes ___ No ___

If you are not registered go to www.sss.gov

WORK HISTORY OF THE APPLICANT

List all jobs for the past 26 weeks that **you, the applicant**, have held:

<u>LAST OR PRESENT EMPLOYER</u>	<u>JOB TITLE</u>	<u>HRS/ WEEK</u>	<u>START DATE</u>	<u>END DATE</u>	<u>HOURLY WAGE</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

List your job skills, special training or job interest:

Do you have transportation? Yes ___ No ___ Driver's license Yes ___ No ___ Access to car/public transportation? Yes ___ No ___

Explain any physical limitations or allergies you may have:

IF YOU ARE IN SCHOOL AND UNDER 18, YOU MUST OBTAIN AND PROVIDE US WITH A COPY OF YOUR WORK PERMIT

How did you hear about the youth employment /training program: Newspaper ___ CareerLink ___ School ___
Welfare ___ Friend/Family ___ Other (please specify) _____

APPLICANT CERTIFICATION

I certify that the information provided is true to the best of my knowledge.

I am aware that the information I have provided is subject to review and verification, (including wage records and unemployment compensation information), and that I may have to provide documents to support this application.

I am aware that I am subject to immediate termination if I am found ineligible after enrollment and may be prosecuted for fraud and/or perjury.

I allow release of this information for verification purposes and understand that it will be used to determine eligibility.

Signature of Applicant

Date

Signature of Parent/Guardian

Date

PENNSYLVANIA CAREERLINK STAFF CERTIFICATION

I HAVE REVIEWED ALL THE ABOVE INFORMATION SUPPLIED BY THE APPLICANT AND HAVE FOUND IT TO BE A REASONABLE REPRESENTATION OF THE INDIVIDUAL'S STATUS AT THE TIME OF THE INTERVIEW.

Signature of Certifier

Date

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

AUTHORIZATION TO RELEASE INFORMATION

TO BE COMPLETED BY ALL MIDDLE OR HIGH SCHOOL STUDENTS/PARENTS

Instruction for Parents

1. Please complete top portion and return this form to your school, giving them permission to complete bottom portion.
2. The completed school verification form should be returned with the completed application packet to JTBC, Inc.

Release of information

I _____ hereby give permission for _____ to release information
(Parent/Guardian) (School District)
 and school records of _____ to Job Training for Beaver County, Inc. (JTBC). I understand that
(Student)
 JTBC will only use this information for the purpose of verifying program eligibility.

All information received will be kept strictly confidential.

Parent/Guardian Signature

Date

FOR IN SCHOOL YOUTH APPLICANTS ONLY

SCHOOL VERIFICATION

(THIS PORTION MUST BE COMPLETED BY A SCHOOL OFFICIAL)

Student Name: _____

School District: _____

Is this student a U.S. Citizen? Yes _____ No _____

Does student have an IEP? Yes _____ No _____

Is this student in special education or learning support? Yes _____ No _____

Last grade student completed: _____

Student's most recent standardized test grade level scores: Math Grade Level _____ Reading Grade Level _____

Additional comments that may be helpful in working with this student:

THE ABOVE INFORMATION IS TRUE AND CORRECT

Signature of School Official

Date

Title

AUTHORIZATION TO RELEASE/RECEIVE INFORMATION

I authorize Job Training for Beaver County, Inc. (JTBC) to release information to & receive information from government agencies or other service providers so I may qualify for services offered by JTBC. This release also includes the authority to copy any papers, forms or documents. I authorize that a photocopy of this document will serve as authorization to obtain information from government agencies & other service providers.

NEPOTISM/CONFLICT OF INTEREST STATEMENT

I certify that I am not related to any JTBC board/staff member, Beaver County Commissioner, Workforce Investment Board Member unless that person is named below:

Name	Relationship to you	Position or Capacity
_____	_____	_____

CONSENT TO USE PROGRAM PARTICIPATION INFORMATION

I give my written consent to JTBC, Southwest Corner WIB, Southwest Training Services, Inc., & PA Department of Labor & Industry Bureau of Workforce Development Partnership to use my program participation information including my pictures/quotes in videos, PowerPoint, newspapers, website, brochures, television, magazines, board reports & meetings, and/or newsletters consistent in good taste & not derogatory, degrading, or detrimental to me in any way. I understand that I will not receive any compensation of any kind at any point in time for the use of my program participation information including my pictures/quotes.

_____ **APPROVE** _____ **DO NOT APPROVE**

I realize that program participation extends beyond summer activities & continues throughout the school year. I also understand that failure to abide by all of Job Training for Beaver County, Inc. policies may result in my termination.

Signature of Youth Program Participant: _____ **Date** _____

Print Name of Youth Program Participant: _____

Signature of Parent or Guardian: _____ **Date** _____

Print Name of Parent or Guardian: _____

SOUTHWEST CORNER WORKFORCE INVESTMENT AREA CAREERLINK **COMPLAINT AND GRIEVANCE PROCEDURES**

The regulations of the United States Department of Labor forbid exclusion of any person from participation in, denial of the benefit of, or discrimination under any program or activity funded, in whole or in part, under the Workforce Investment Act, hereinafter referred to as WIA, because of race, color, religion, sex, national origin, age, disability, or political affiliation or belief, and for beneficiaries only, citizenship or participation in WIA.

WIA imposes certain minimum requirements in regard to procedures for handling complaints consistent with the laws and regulations related to equal opportunity activities and training opportunities. These requirements specify that SCWIA or the Department of Labor (herein referred

to as DOL) provide a procedure for speedy resolve of any grievance, and provide for hearings and methods for decisions resulting in full, fair and impartial resolution of complaints.

A grievance or complaint involving discrimination because of race, color, religion, sex, national origin, age, disability, or political affiliation or belief, and for beneficiaries only, citizenship or participation in WIA may be instituted and filed against, as circumstances warrant, jointly or singularly, the local WIB, the Job Training for Beaver County, Inc. and/or a subcontractor and/or sub-grantee engaged to provide services in the WIA Program, i.e., the sub-recipient. Such grievance on such grounds may include, but is not limited to, eligibility determination of a participant, termination for unjust cause, payment of wages or inequity of salary and wages, internal control of finances, unsatisfactory or unsafe working conditions, political patronage, political activities, kickbacks, nepotism, and/or maintenance of efforts per WIA requirements.

All discrimination complaints should be filed within 180 days of the alleged occurrence. All other complaints regarding fraud or criminal activity should be reported immediately.

A grievance or complaint may be involved or initiated at four levels. They are as follows:

1. "Service Provider Level" (sub-recipient), which is the grievance procedure of the organization providing employment, training of services, pursuant to contract with the Job Training for Beaver County, Inc.
2. "Recipient Level" which is the grievance procedure as provided by the Job Training for Beaver County, Inc. as a WIA Service Delivery Area.
3. "State Level" as provided and pursuant to the WIA. This level of grievance or complaint process should be submitted to the Deputy Secretary for Employment Security and Job Training, Room 1708 Labor and Industry Building, Seventh and Forster Streets, Harrisburg, PA 17120.
4. All complaints of discrimination can now be filed with the State or with the Directorate of Civil Rights, U.S. Department of Labor, 200 Constitution NW, Washington, DC 20210

The grievance procedure shall provide for final resolution of complaints within sixty (60) calendar days after the filing of the complaint. The complaint procedure at the service provider level (sub-recipient) should be completed within ample time if Job Training for Beaver County, Inc. (Recipient Level) grievance procedure is requested.

Complainants who initially file complaints at the State Level, on which a decision is not rendered within sixty (60) days, or on which an adverse decision is rendered, will be afforded the opportunity for an independent state review by the Governor. A decision based on the independent state review will be issued within thirty (30) days, and the Governor's decision will be final.

In instances where the Governor may fail to issue a decision in the prescribed time frame, the complaint and hearing procedure provides an opportunity to request a determination whether reasonable cause exists to believe that the act or regulations have been violated from the Secretary, U.S. Department of Labor. In accordance with Section 627.601 of the regulations, the Secretary shall direct the Governor as appropriate, to take further action pursuant to State and local procedures where there is reasonable cause to believe the Act or regulations have been violated.

All program participants, non-participants and sub-recipients have the right to file a grievance or complaint, or secure consideration thereof, without fear or reprisal when such complaint or grievance concerns working conditions, application

of personnel policies, discrimination, or other employment related rules and practices that directly affect him or her. All complainants have the right to be represented by an attorney at law or other representative of their choosing. 6

GRIEVANCE PROCEDURE

All grievances or complaints filed under the Southwest Corner Workforce Investment Area CareerLink System shall be processed and settled in accordance with the following:

STEP ONE

The complainant who has an alleged complaint will first meet with the designated representative of the sub-recipient or the immediate supervisor, explain the problem and attempt to resolve the issue informally within ten (10) days.

STEP TWO

Complaints that are not resolved informally with the sub-recipient must be made to the respective CareerLink EO Officer. See below:

Greene County EO Officer
Carl North
(724) 852-2900

Washington County EO Officer
Sherrie Sorge
(724) 223-4521

Beaver County EO Officer
Richard Strother
(724) 728-2020

Complaints must be reduced to writing and be signed by the complainant.

The EO Officer may, at the request of the complainant, assist in preparing the written complaint. The written complaint must identify the employer/training organization accused of the violation, and the persons involved. Also, when applicable, a written statement of the complainant's desired settlement or resolution of the alleged violation shall be included.

The EO Officer shall officially acknowledge receipt of the complaint and explain the procedure and rights of the parties to the complainant. The complainant who has an alleged complaint and the EO Officer may first meet with the designated representative of the sub-recipient or the immediate supervisor, explain the problem, and, together they shall attempt to resolve the issue informally.

If the complainant remains dissatisfied, an informal conference with the WGCJTA President or a designated representative from the sub-recipient may be held. The CareerLink EO Officer shall discuss the problem with the WGCJTA President and make an investigation of the allegations. The findings of the WGCJTA must be submitted to the complainant no later than five (5) days following the informal conference. Included with the findings must be notification of the right to request a hearing if a satisfactory resolution is not accomplished.

STEP THREE

If the complainant is not satisfied with the results of the informal conference, he/she must so inform the WGCJTA within five (5) days and request a hearing to seek resolution of the issue. A formal hearing will be scheduled and held by an impartial hearing officer within thirty (30) days from the date on which the complaint was filed in writing.

The Hearing Officer (who shall be designated by WGCJTA and not be employed by WGCJTA) shall have complete independency in obtaining information and will conduct the hearing in accordance with applicable Federal Regulations. A verbatim record of the hearing shall be made.

Written notification of the hearing will be sent out by the Hearing Officer with a starting date, time and place of hearing and the issues to be heard. All involved parties have the right to be accompanied by an attorney or other duly authorized representative, to present testimony, to bring witnesses and records, and must attend the hearing. The Hearing Officer shall render a written decision not later than sixty (60) days after filing of the complaint which shall include a statement of the grievance, a statement of the procedures which have been completed, a statement of finding facts, the resulting decisions and reasons therefore, and an informative statement that the original complainant, if aggrieved by the decision, has the right to appeal same to the AState Level@.

STEP FOUR

Notice of Recourse: If the complainant is still dissatisfied, or a decision is not received within sixty (60) days of filing the complaint, a request to have the complaint reviewed by the Governor should then be made. The request for review should be submitted to the Deputy Secretary for Workforce Investment, within ten (10) days from the receipt of an adverse decision or fifteen (15) days from the date on which the decision should have been received from the Hearing Officer. The

Governor will conduct a review of the complaint and issue a decision within thirty (30) days from the date of receipt of the review request. ***The decision rendered by the Governor will be final.***

GENERAL INFORMATION

The complainant shall be informed throughout the entire grievance process of:

The opportunity to update, revise or delete any information provided on the original complaint.

- The opportunity to withdraw the complaint in writing before the formal hearing or the right to have a hearing rescheduled for good cause.
- Written notification of the date, the time and place of the hearing; the issues to be decided; and the manner in which the hearing is to be conducted.
- Procedural rights to present testimony and written records, witnesses and to have legal representation.

After a decision has been rendered and a grievance thus settled, the EO Officer would monitor the WGCJTA and/or sub-grantee to ensure that the course of action outlined in the decision is followed.

Under certain circumstances, enforcement by WGCJTA against the sub-recipient may be disqualification of the sub-recipient under the Workforce Investment Act.

Governor will conduct a review of the complaint and issue a decision within thirty (30) days from the date of receipt of the review request. ***The decision rendered by the Governor will be final.***

EQUAL OPPORTUNITY POLICY STATEMENT
SOUTHWEST CORNER WORKFORCE INVESTMENT AREA CAREERLINK

The SCWIA CareerLink system is prohibited from discriminating on the grounds of race, color, religion, sex, national origin, age, disability, political affiliation or belief, and for beneficiaries only, citizenship or participation in programs funded under the Workforce Investment Act (WIA), in admission or access to, opportunity or treatment in, or employment in the administration of or in connection with, any WIA-funded program or activity.

If you think that you have been subjected to discrimination under a WIA-funded program or activity, you may file a complaint within 180 days from the date of the alleged violation by contacting either: The recipient's Equal Opportunity Officer listed as follows:

Greene County EO Officer
Carl North
(724) 852-2900

Washington County EO Officer
Sherrie Sorge
(724) 223-4521

Beaver County EO Officer
Richard Strother
(724) 728-2020

(or)

The Director, Civil Rights Center (CRC)
U.S. Department of Labor, 200 Constitution Avenue, N. W., Room 4123
Washington, D.C. 20210.

STATEMENT OF RECEIPT
APPLICANT/PARTICIPANT RIGHTS FORM

I hereby certify that I have received, read and understand my “Civil Rights” and “Grievance Procedures “ as an Applicant/Participant of the WIA program and acknowledge so with my signature.

Applicant/Participant Signature

Date Signed

Witnessed by WIA Representative

Date Witnessed

Job Training for Beaver County, Inc. Ste. 277 Beaver Valley Mall Monaca, PA 15061

Witnessed at (name and address where the document was received, signed and dated).

Date Witnessed

Note: *This document must be retained in the Applicant/Participant file.*

