

**McHenry County Workforce Network**  
**Young Adult Internship Program Application**



Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Applicant Name: \_\_\_\_\_ SS#: \_\_\_\_\_ Sex: M  F

Address: \_\_\_\_\_ Apt. # \_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ How did you hear about our program? \_\_\_\_\_

**Living Arrangements:** How many people live in your home? \_\_\_\_\_

Who do you live with? \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Language spoken at home: \_\_\_\_\_

Who is working in the household? \_\_\_\_\_

Landmarks or main streets near your home: \_\_\_\_\_

Driver's License? Y  N  Car Available? Y  N  How do you get around? \_\_\_\_\_

**I. Educational History:**

Are you attending High School? \_\_\_\_\_ Name of High School: \_\_\_\_\_

Current Grade: \_\_\_\_\_ Date of graduation: \_\_\_\_\_

Did you drop out of High School? \_\_\_\_\_ Do you need your GED? \_\_\_\_\_

Are you attending College? \_\_\_\_\_ Name of College: \_\_\_\_\_

**II. Educational Goals:**

What are your plans after High School? \_\_\_\_\_

Do you plan to attend College? \_\_\_\_\_ Where? \_\_\_\_\_

What courses are you interested in taking? \_\_\_\_\_

**III. Employment History (list most recent first):**

Name of Company \_\_\_\_\_ City, State \_\_\_\_\_

Job Title \_\_\_\_\_ Dates of Employment \_\_\_\_\_

Reason Left \_\_\_\_\_

Name of Company \_\_\_\_\_ City, State \_\_\_\_\_

Job Title \_\_\_\_\_ Dates of Employment \_\_\_\_\_

Reason Left \_\_\_\_\_

Name of Company \_\_\_\_\_ City, State \_\_\_\_\_

Job Title \_\_\_\_\_ Dates of Employment \_\_\_\_\_

Reason Left \_\_\_\_\_

Name of Company \_\_\_\_\_ City, State \_\_\_\_\_

Job Title \_\_\_\_\_ Dates of Employment \_\_\_\_\_

Reason Left \_\_\_\_\_

Skills Obtained Through Previous Employment: \_\_\_\_\_

Other skills: \_\_\_\_\_

Volunteer/Unpaid Experience: \_\_\_\_\_

Hobbies/Interests: \_\_\_\_\_

How do you feel about working? \_\_\_\_\_

**IV. Career Goals:**

What careers have you considered? \_\_\_\_\_

What is your long term career goal? \_\_\_\_\_

What jobs would you do while working towards your career goal? \_\_\_\_\_

\_\_\_\_\_

**V. Potential Barriers To Employment (required for eligibility – check all that apply):**

- Homeless or at risk of being homeless
  - Dropped out of high school
  - English Language Learner
  - Learning Disability
  - Physical Disability
  - Teen parent
  - Not attending school
  - Lacks Vocational Skills
  - Receiving Free Lunch at school
  - Mental Health Diagnosis
  - Part of the Foster Care System
  - Pregnant
  - Lacks Work Experience
  - Lacks Job Search Skills
  - Lacks Appropriate Clothing
  - Appearance/Hygiene Difficulties
  - Residing in a single parent household
  - Lacks Transportation
  - Deficient in Reading Skills
  - Deficient in Math Skills
  - Residing in dysfunctional household with high stressors
  - Domestic Violence in household
  - Family member incarcerated/involved in criminal justice system
  - Receiving drug/alcohol counseling
  - History of substance abuse
  - Financial strain in the household
  - Physical/Medical Condition affecting ability to work
  - Medications affecting ability to work
- Legal Problems: Charges? \_\_\_\_\_ Arrest Date: \_\_\_\_\_  
 Probation Officer Name: \_\_\_\_\_ Next Court Date: \_\_\_\_\_

**Are you presently working with any of the following agencies (circle all that apply)?**

- Rosecrance*      *Public Aid/Illinois Department of Human Services (IDHS)*      *Options & Advocacy*
- Turning Point*      *Pioneer Center*      *Supplemental Nutrition Assistance Program (SNAP)*
- Temporary Assistance for Needy Families (TANF)*      *Division of Rehabilitation Services (DRS)*
- Migrant Council*      *Special Education District of McHenry County (SEDOM)*      *Youth Service Bureau (YSB)*
- Screening Assessment & Support Services (SASS)*      *Illinois Department of Children & Family Services (DCFS)*

Other: \_\_\_\_\_

Case Worker(s) Name(s): \_\_\_\_\_

Have you participated in the Youth Program before? Yes  No  When? \_\_\_\_\_

**McHenry County Workforce Network** is an Equal Opportunity Employer. Applicants must submit a fully completed application and meet with MCWN staff to be considered for enrollment. MCWN staff will explain eligibility and suitability for the program, and all supporting documentation must be submitted before enrollment. Participants of the Young Adult Internship Program are expected to follow the guidelines in the Participant Agreement once enrolled including: attending scheduled classes and activities, working hours at a worksite internship, meeting regularly with their Youth Career Advisors, and maintaining consistent communication as part of the program. We will try to take your interests, needs and abilities into account when assigning you to a worksite. However, a perfect fit is not guaranteed. **Every job is useful when you are in training.** Your willingness to do the job assigned and to accept supervision is an important part of our program. This program is dependent on funding. All or part of the program could be altered or canceled at any time. Auxiliary aids are available upon request for individuals with disabilities.

**I certify that the facts contained in this application are true and complete to the best of my knowledge.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_