

**PERRY COUNTY JOB AND FAMILY SERVICES
Employment Program Registration**

Please complete all questions so your registration will be complete. In order to move forward with registration process, we MUST have a telephone number where you can be reached. If you need help completing this form, we are happy to help. Please call 740-721-0674.

Registrant's Name: _____ Address: _____ City: _____ Zip: _____

Email: _____ Phone Number: _____ Parent/Guardian Phone Number: _____

Name of School: _____ Current Grade in School: _____ T-Shirt Size: _____

Social Security Number: _____ *Age: _____ Birthdate: _____ Gender: _____ U.S. citizen? Yes ___ No ___

**If you are 18 or older, Voter Registration will be explained at the time of interview.*

Plans for after graduating: _____

Complete the information below for anyone living in your home, including yourself. You are required to verify income for all members of your household.

<u>Name & Social Security #</u>	<u>Relationship to Applicant</u>	<u>Age</u>	<u>Source of Income</u>	<u>Last 30 Days of Income</u>
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____

When you and your parent/guardian (if you are under 18 years old) sign below, you are agreeing that:

- Providing information regarding your family's income is needed in order to complete the registration process.
- The information provided in this registration is accurate to the best of your knowledge.
- You understand that your registration will be reviewed by PCJFS who will make the final determination of your eligibility.
- You permit your registration to be shared with the program administrator, HockingAthensPerry Community Action.
- You will be registered into the State of Ohio's job and career development system, including the OhioMeansJobs.com online job bank.

REGISTRANT'S SIGNATURE _____

DATE _____

PARENT/GUARDIAN SIGNATURE _____

DATE _____

Office Use Only

Approved _____ Denied _____

Date: _____ Caseworker _____