

North Shore Youth Council
P.O. Box 1286, Rocky Point, NY 11778
Phone: 631-744-0207 | Fax: 631-744-3565

JOB BANK APPLICATION

Name: _____ Date: _____

Address: _____

Phone: _____ Email: _____

Emergency Contact Name/Phone:

School: _____ Grade: _____

Do you have working papers? [] Y [] N

Do you have a Driver's License? [] Y [] N

How will you get to work? _____

Type of work you are interested in:
(please number in order of preference 1, 2, 3, 4, 5 with 1 being most interested and 5 being least interested)

___ Childcare ___ Yard Work ___ Office ___ Tutoring _____ Other _____
(Subject) (Preference)

Work Experience:

Special Skills:

Future Plans: _____

References: 1. _____
2. _____
3. _____

If under 18 years of age, this form must be signed by a parent/guardian.

Signature: _____ Date: _____

Parent/Guardian Signature: _____

It is suggested that the parent/guardian visit the place of employment before any agreement is reached.
Please update your application every 6 months.