

KENOSHA ACHIEVEMENT CENTER, INC.  
Application for Summer Youth Employment Services

**PLEASE PRINT OR TYPE:** Fill in the entire form as completely as possible. The information provided is confidential and is needed to provide K.A.C. with a basis of assisting you in determining appropriate program needs.

NAME: \_\_\_\_\_  
Last First Middle

ADDRESS: \_\_\_\_\_  
Street City/State Zip

TELEPHONE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

GENDER:    Male    Female

PROGRAM APPLYING FOR:    Summer Employment Exploration    Kingfish Temporary Work Experience

LEGAL STATUS: I am my own guardian    Yes    No

If no: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

EDUCATION: Name of current school attending: \_\_\_\_\_

Year you expect to graduate: \_\_\_\_\_

EMPLOYMENT: Have you ever been employed?    Yes    No

Are you currently enrolled in DVR?    Yes    No

If yes, who is your DVR Counselor? \_\_\_\_\_

Please state your reason for requesting K.A.C. services and what you intend to accomplish through participation in the program:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

AUTHORIZATION: I certify that this request has been made freely, voluntarily and without coercion and that information given above is accurate to the best of my knowledge. As applicable, I understand that my records are protected under federal regulations governing confidentiality and cannot be released without appropriate written consent.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date