



SUMMER TRAINING & EMPLOYMENT FOR STUDENTS (STEPS)

Are you between the ages of 16-21?

We have paid Summer Jobs for students with disabilities!

Apply today!!

For more information call 818-937-8073

In partnership:



The Summer Training & Employment for Students is an Equal Opportunity Program. Auxiliary aids and services are available upon request to individuals with disabilities. TTY 818-548-3857

YOU CAN EARN UP TO \$2,000 ■ LEARN VALUABLE LIFE SKILLS

Eligibility Requirements:

- Must be a LA County Resident
- 16-21 years of age
- Have a documented disability
- Have the right to work in the U.S.
- Must have a work permit, if under 18

Program Design:

- 215 hours of paid work experience
- Work Readiness training
- Supported Services available based on individual needs

For More Information visit us at:

[Glendale Youth Alliance](http://www.glendaleyouthalliance.org)
 1255 S. Central Avenue
 Glendale CA 91204
 (818) 937-8073
www.glendaleyouthalliance.org



Glendale Youth Alliance Employment Application

Verdugo Jobs Center, 1255 S. Central Ave. Glendale, CA 91204

Tel: (818) 937-8073 • Fax: (818) 937-8070 www.glendaleyouthalliance.org

1. Please complete entire application
2. Please print clearly
3. False statements will result in rejection of your application

Date: ____/____/____

Name: _____ Birth date: ____/____/____
Last First middle

Street address: _____ City: _____ State: _____ Zip code: _____

Telephone: Home (____) _____ Mobile (____) _____ E-Mail: _____

Number of people living at home, including yourself: _____ Monthly household income: \$ _____

Do you receive Government assistance such as Welfare, Cal Works, AFDC, etc. Yes No

Are you currently attending high school? Yes No Name of current or last high school: _____

Did you graduate high school? Yes No Please circle: (Diploma, G.E.D. or C.H.S.P.E.)

If still in high school, anticipated graduation date: _____ What grade are you in? _____

Are you currently attending college/university? Yes No Name of college/university: _____

Do you have verification of your identity and legal right to work documents in the United States? Yes No

Are you currently employed? Yes No If so, company name: _____ Hours per week: _____

If not employed, will this be your first job? Yes No

Have you previously participated in GYA programs? Yes No If yes, Year(s): _____

Are you related to any GYA staff or board member, city of Glendale employee or a city council member? Yes No

If YES, name: _____ Department: _____

How did you hear about the GLENDALE YOUTH ALLIANCE? _____

Available hours to work (please consider school schedule and extra-curricular activities)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start time:							
End time:							

Conviction information may be requested if your application is selected and you proceed with the hiring process.

Media Release for Promotional/GYA use: I hereby give my permission for the use of any photographs and videos that may be taken of me while working, or participating in miscellaneous activities related to the GLENDALE YOUTH ALLIANCE. Please initial _____ .

I hereby certify that all answers to the questions on this application are true, and I agree and understand that any misstatements of material facts or omissions herein will cause forfeiture on my part of all rights to any employment in the service of the GLENDALE YOUTH ALLIANCE.

Applicant's signature: _____ Parent or Guardian's signature (if applicant is a minor): _____

DOR Student Services Request

DR 203 (REV 07/17)

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Student Last Name	First Name	Middle Initial	
Mailing Address	City	Zip Code	County
Phone Number	Email Address		
Date of Birth (mm/dd/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Decline to State		

Race (please check all that apply) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Chinese <input type="checkbox"/> Korean <input type="checkbox"/> Asian Indian <input type="checkbox"/> Japanese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Filipino <input type="checkbox"/> Laotian <input type="checkbox"/> Cambodian <input type="checkbox"/> Other Asian <input type="checkbox"/> Decline to State	Ethnicity: Hispanic / Latino <input type="checkbox"/> Yes <input type="checkbox"/> No
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Please state the student's disability or reason for IEP/504 eligibility:	Documentation (please select one) <input type="checkbox"/> IEP (provide a copy) <input type="checkbox"/> Other (specify type and attach a copy if applicable): <input type="checkbox"/> 504 Plan (provide a copy) <input type="checkbox"/> School Signature (see below) _____
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Complete this section only if "School Signature" is selected: I confirm that the student is enrolled in the school identified below and has a record of or is regarded as having the disability stated above.



Signature of School Official: _____ Date: _____

Printed Name of School Official: _____ Title: _____

School Name	School Address	<input type="checkbox"/> Secondary School <input type="checkbox"/> Postsecondary School
School Type <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Charter <input type="checkbox"/> Home school <input type="checkbox"/> GED program <input type="checkbox"/> Vocational/Technical <input type="checkbox"/> College/University <input type="checkbox"/> Other	Expected Date of Graduation/Exit from School (mm/dd/yyyy)	

Parent/Guardian/Conservator Last Name	First Name	Relationship
Phone Number	Email Address	<input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Conservator

I give permission to school personnel to release this information to the Department of Rehabilitation. (20 U.S.C. 1232g(b) and 34 CFR 99.30 and 99.31.) I confirm that the student has documentation of or is regarded as having the disability stated above. I give consent for the student to participate in student services provided or arranged by the DOR, for as long as the student qualifies for such services.

Student Signature 	Date Signed	Parent/Guardian/Conservator Signature 	Date Signed
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DOR Student Services Request

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FORM PURPOSE

This form is intended to request student services for potentially eligible students, in accordance with 34 CFR 361.48(a). Student services may include any of the following pre-employment transition services: job exploration counseling, work-based learning experiences, postsecondary enrollment counseling, work readiness training, and self-advocacy training. "Potentially eligible" students are defined as students with disabilities, ages 16 through 21, who have not yet applied or been found eligible for the vocational rehabilitation program. This is not an application for vocational rehabilitation services. Please go to [DR222 VOCATIONAL REHABILITATION SERVICES APPLICATION](#) to access an application for vocational rehabilitation services.

FORM COMPLETION INSTRUCTIONS

Complete this form to document that the student is currently enrolled in a recognized education program and is considered a student with a disability as defined in 34 CFR 361.5(c)(51). Parent/Guardian contact information and consent are required for students with disabilities who are less than 18 years of age and not an emancipated minor. Conservator contact information and consent are required for students with disabilities who are over 18 and have a conservator with relevant authority. An electronic version of this form is available on the Department of Rehabilitation (DOR) website at www.dor.ca.gov. For more information on the requirements for pre-employment transition services for students with disabilities, refer to 29 USC sections 705(37) and 733, and 34 CFR parts 361.48(a) and 361.5(c)(51). Consent for the student to participate in student services may be revoked at any time by providing written notice to the local DOR office.

NOTICE AND PRIVACY STATEMENT

The information requested on this form is necessary to correctly identify the individual as a student with a disability as defined in 34 CFR 361.5(c)(51), to provide authorization for the provision of pre-employment transition services, and to provide authorization for school personnel to release the information requested on this form to the DOR to coordinate, provide, or arrange student services in accordance with 29 USC sections 705(37) and 733 and 34 CFR parts 361.48(a) and 361.5(c)(51). Individuals should not provide any personal information on this form that is not requested.

The student, or parent, guardian, or conservator as appropriate, has the right to revoke this authorization by providing written notice to the school personnel. If the student, or parent, guardian, or conservator as appropriate, revokes the authorization, it will not affect information released to the DOR before the school personnel received the written notice revoking the authorization.

An individual has the right to inspect information maintained by the DOR about the individual, unless otherwise prohibited or conditioned by law or regulation. For assistance accessing such information, contact the DOR. The DOR's Privacy Policy is online at www.dor.ca.gov. The DOR office locations and contact information can be found at <http://www.dor.ca.gov/DOR-Locations/index.asp>.

Any personal information maintained by the DOR is subject to the limitations in the California Information Practices Act (Civ. Code § 1798 et seq.), Title 34 Code of Federal Regulations section 361.38, and California Code of Regulations, title 9, sections 7140 through 7143.5. The DOR may release personal information in response to a court order, investigations in connection with law enforcement, fraud, or abuse, subject to the limitations set forth in California Code of Regulations, title 9, section 7143.5. (34 CFR 361.38(e)(4) and (5).)