



CAREER CONNECTIONS PROGRAM FALL 2016 APPLICATION

HIRE-ABILITY

1234 INDIANA STREET, SAN FRANCISCO, CA 94107

Thank you for your interest in the Career Connections Program for San Francisco youth ages 15-25! Please complete this ENTIRE application. If you have questions or concerns about the application, you may contact the Hire-Ability office phone at: (415) 920-6877.

WHAT WILL I GET?

- Paid work experience for 1 year, at the San Francisco minimum wage
- Paid workshops on topics that matter to YOU
- An adult staff member to help with college & career needs
- Chances to explore new careers through job shadowing, internships, and networking

WHAT ARE THE REQUIREMENTS?

In order to participate in this program, you must meet ALL of these requirements:

- ✓ Be a resident of San Francisco
- ✓ Be between the ages of 15 and 25
- ✓ Currently receiving services through SFDPH Behavioral Health Services (SFDPH-BHS)
- ✓ Available for a total of 8-20 hours per week including time spent at program workshops, time spent at worksite, and time spent in one-on-one meetings with program staff
- ✓ Available to attend weekly PAID workshops from **4-6pm on Tuesdays and Thursdays** throughout the fall of 2016
- ✓ Ability to travel within the city of San Francisco
- ✓ Must be able to provide documentation you are legally eligible to work in the United States in order to receive payment for participation in the program

WHEN IS IT DUE?

All complete applications must be submitted by **FRIDAY, SEPTEMBER 30th 2016**

Please send your completed application by fax, US mail, or in person to:

Hire-Ability Vocational Services
1234 Indiana Street, San Francisco
San Francisco, CA 94107

Attn: Steven Taka, TAY Vocational Services Manager

Fax: (415) 920-6877

Questions? Please call Steven at (415) 282.9675 Ext. 209

Or send an email to: steventaka@hire-ability.org.



First Name:	Click here to enter first name.	Last Name:	Click here to enter last name.
Home Phone:	Click here to enter phone #.	Email:	Click here to enter email.
Cell Phone:	Click here to enter cell #.	Date of Birth:	Click here to enter a date.
Address:	Click here to enter address.	City, State, ZIP:	Click here to enter City, State, ZIP.

What is the best way to contact you? (Click on box to select.)
 Cell / Home Phone / Email / Other: [Click here to enter text.](#)

Program Requirements (click on box to select one)

- Are you currently a San Francisco resident? **Yes** **No**
- Are you currently receiving services through BHS? **Yes** **No** **Not sure**
If you are not currently receiving services through BHS, please call (415) 503-4730 for linkage to services
- Are you able and willing to commit to the full year long program? **Yes** **No**
- Are you available to work 4 hours per week and to attend weekly workshops from 4-6pm on Tuesdays and Thursdays? **Yes** **No**

References

You must have two references. One reference may be the therapist/counselor who referred you to this program. The other should be an adult who is NOT a family member—such as a teacher, school counselor, or coach.

Reference #1

Name: [Click here to enter name.](#) Phone: [Click here to enter phone number.](#)
 Relationship to You: [Click here to enter relationship.](#) Email: [Click here to enter email.](#)

Reference #2

Name: [Click here to enter name.](#) Phone: [Click here to enter phone number.](#)
 Relationship to You: [Click here to enter relationship.](#) Email: [Click here to enter email.](#)

Signature

Please read each paragraph then sign below.

I certify that I have not purposely withheld any information that might negatively affect my chances for acceptance. The answers given by me are true & correct to the best of my knowledge and ability.

I permit RAMS to contact the references I provided regarding the TAY Vocational Services program. I authorize the references I have listed to provide any information about my related experiences, without giving me prior notice of such disclosure.

Applicant's Signature: _____ **Date:** _____

Signature of Applicant's Legal Parent/Guardian (if under 18): _____

Date: _____

Please note: a separate parent/guardian consent form must be signed for a minor youth to participate in the TAY Vocational Program.

Motivation Questions

In the space below, please type or neatly write your answers to these three questions. Your answers don't need to be long, but they should be thoughtful!

1. What are some areas you would like to grow in or need help with? What would you like to gain by participating in this program? (For example: learning how to interview for a job, managing my time, motivating myself, etc.)

[Click here to enter text.](#)

2. What are your hobbies or interests? Do you participate in any extracurricular activities or volunteer work?

[Click here to enter text.](#)

3. If you could have one super power, what would it be and why?

[Click here to enter text.](#)



Completed Application Check List

Please include **ALL** of the following with your application:

- 1. Completed **application form**.
- 2. Copy of **proof of San Francisco residency** (driver's license, CA state ID, SFUSD school student ID, birth certification, or Social Security card)
- 3. Completed **short answer questions** typed or written in BLUE or BLACK ink.
- 4. Parental or guardian consent for applicants under the age of 18.

Please submit completed application no later than Friday, September 30th to:

Please send your completed application by fax, US mail, or in person to:

Hire-Ability Vocational Services

1234 Indiana Street, San Francisco

San Francisco, CA 94107

Attn: Steven Taka, TAY Vocational Services Manager

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