

2025**CARBON COUNTY WORKFORCE TRAINING**

50 E. Locust Street, Suite 1, Nesquehoning, PA 18240

PRELIMINARY APPLICATION FOR SUMMER EMPLOYMENT OR INTERNSHIP PROGRAM**APPLICANTS MUST BE AGE 14 TO 24 AND A RESIDENT OF CARBON COUNTY****Please submit your preliminary application by no later than 4/30/2025****PLEASE PRINT**

Last Name		First Name	M.I.	Social Security Number	
Street Address			City	Zip Code	
Phone Numbers	Home Ph: _____				
	Your Cell: _____				
	Other (parent, relative, etc.): _____				
E-mail address:					
Date of Birth:		Age:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Are you a United States Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If you answered No, are you authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Ethnicity: Do you consider yourself to be Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<i>(You must select at least one race, regardless of your ethnicity. More than one race category may be selected.)</i>					
Race: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American					
<input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White					
If you are a male age 18 years or older, are you registered with Selective Service? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Education Status	<input type="checkbox"/> High School Student Name of school: _____ Grade Level: _____				
	<input type="checkbox"/> College Student Name of school: _____ Yrs. Completed: _____				
	What is your major? _____				
	<input type="checkbox"/> High School Graduate or <input type="checkbox"/> Obtained GED				
	<input type="checkbox"/> College Graduate Degree attained: _____				
	<input type="checkbox"/> High School Dropout Highest grade level you finished in school: _____				
<input type="checkbox"/> Attending GED Classes					
Are you a Foster Child? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Are you an individual with a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If you are a student, do you have an IEP, Section 504 Plan, or attend Learning Support Classes? <input type="checkbox"/> Yes <input type="checkbox"/> No					

Are you a parent or an expectant parent? Yes No

Have you ever been arrested or convicted of committing a crime? Yes No

Do you have a drug or alcohol abuse problem? Yes No
 If yes, are you currently receiving counseling? Yes No

EMPLOYMENT HISTORY (Include all jobs you have held, start with your present or last job.)

	Employer	Dates Employed		Job Title	Hourly Wage	Hours per week	Reason for Leaving
		From	To				
1.							
2.							
3.							

Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, do you have learners permit? <input type="checkbox"/> Yes <input type="checkbox"/> No	If you do not have a driver's license, do you have a photo ID? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, type: <input type="checkbox"/> State Issued <input type="checkbox"/> School Issued <input type="checkbox"/> Other
--	--

Do you have reliable, daily transportation? Yes No

Are you willing and available to work Monday through Friday? Yes No
 If you answered No, please explain: _____

If the job requires, can you work on Saturday and/or Sunday? Yes No

Is there a specific type of job you are interested in that would be helpful for your career goals? If yes, describe:

Are you aware of, or interested in, working for any specific local agencies or businesses that would be in line with your career goals? If yes, please name them:

Do you have any special skills, training, or participate in extra-curricular activities? If yes, describe:

Are you receiving, or are you eligible to receive, a free or reduced price school lunch? Yes No

Are you or your family currently receiving Cash Assistance from the Dept. of Public Welfare? Yes No

Are you or your family currently receiving Food Stamps? Yes No

Have you or your family received Food Stamps at any time during the past six months?
 Yes, ended _____ No

Do you receive a Social Security dependent benefit? Yes No
 (For example, through a disabled or deceased parent.)
 If yes, type:
 Disability Benefit
 Survivor Benefit

Do you receive SSI (Supplemental Security Income)? Yes No

FAMILY SIZE AND INCOME – PLEASE READ INSTRUCTIONS

Total number of people in your **family**** (include yourself): _____

****NOTE: FAMILY is anyone living in your household who is related to you by blood, marriage or decree of court.**

INSTRUCTIONS: In the section below, it is important that you list the names of all family members who live in your household, their income source, and amount received **during the past six-month period**. Include income from sources such as: gross wages/salary, unemployment benefits, Social Security benefits, disability benefits, retirement benefits, workmen's compensation, alimony, child support, self-employment income (gross receipts minus operating expenses), and any other sources of periodic income. You must include all sources of income to show how the family was supported during the past 6 months. If a family member has had no income during the past six months, please write NONE.

NAME	AGE	RELATIONSHIP TO APPLICANT	EMPLOYER NAME OR INCOME SOURCE	GROSS INCOME PAST SIX MONTHS
		Applicant		

PLEASE NOTE: Your application cannot be processed if you fail to complete the family income section above. Be sure you have listed every family member living in your household, whether they have any income or not. If they have had no income in the past six months, write NONE in the employer/income source column. *If all family members have zero income, please explain how your family is supported.*

We reserve the right to limit 14 and 15-year-old enrollments to ensure compliance with Child Labor Laws.

DO NOT submit your Work Permit with this pre-application.

All Summer Employment applicants must be:

- Age 14 to 24
 - A resident of Carbon County
-

This is only a preliminary application. It does not guarantee a position on one of Carbon County Workforce Training's Summer Employment or Internship programs.

I understand that if I am contacted for an interview, I will be asked to provide documentation of the information I have listed on this pre-application. I allow release of the information contained on this pre-application for verification purposes and understand that it will be used to determine program eligibility.

Signature of Applicant

Date

Signature of Parent or Guardian *(not required if applicant is 18 or over)*

Date

Applications may be submitted via email to WIOASYEP@carboncareerlink.org

Please review this pre-application and make sure you have answered ALL questions.

If you are a new applicant, please create a PA CareerLink account.

Returning applicants have a PA CareerLink account.

Only signed and completed pre-applications with PA CareerLink accounts will be processed.

Questions? Please call 570-325-2915 X114

*An Equal Opportunity Employer/Program
Auxiliary aids and services are available upon request to individuals with disabilities*

Creating your PA CareerLink Account

Step 1. Open www.PAcareerlink.pa.gov

Step 2. Click Sign In/Register as a New User.

Pennsylvania CareerLink

INDIVIDUALS | EMPLOYERS | TRAINING PROVIDERS | HELP | ESPAÑOL

SIGN IN REGISTER AS A NEW USER

WELCOME TO PA CAREERLINK®

Job Keyword Job Location

SEARCH JOBS

9,992 New Jobs Posted

90,990 Total Jobs Available

1,154 Registered Apprenticeships

174,310 Career Trainings

135,108 Registered Employers

CLICK HERE TO ACCESS SKILLUP™ PA, PA CAREERLINK®S ONLINE LEARNING TOOL

Step 3. Click on Individual Seeking Other Services.

Pennsylvania CareerLink

INDIVIDUALS | EMPLOYERS | TRAINING PROVIDERS | HELP | ESPAÑOL

REGISTER

Register for an Account

Select the user type that best fits

 Individual Seeking Employment	 Individual Seeking OVR Services	 Individual Seeking Other Services
 Employer	 Training Provider	 Unemployment Compensation (UC) Claimant

Pennsylvania CareerLink

A proud partner of the AmericanJobCenter network

4. Fill in Job Seeker Registration form.

Pennsylvania
CareerLink™

Sign In / Register

EVENTS CAREER SERVICES ABOUT US HELP ESPAÑOL

Job Seeker Registration

EMPLOYERS REGISTER HERE

Welcome to the PA CareerLink®. You are registering as an individual who is interested in Veteran Services, Trade Services, Human Services, Temporary Assistance for Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP), or Workforce Investment Act services.

Please provide the information requested and click the "Continue" buttons to walk through each portion of the registration process. Once you are successfully registered, you can submit a referral for the services you would like to receive.
Already have a Keystone ID from another PA site? [Sign in here.](#)

FIRST NAME (required)	MIDDLE INITIAL	LAST NAME (required)
<input type="text" value="John"/>	<input type="text"/>	<input type="text" value="Smith"/>
DATE OF BIRTH (required)	SOCIAL SECURITY NUMBER (SSN) ?	CONFIRM SOCIAL SECURITY NUMBER (SSN)
<input type="text" value="06/04/1980"/>	<input type="text" value="000-00-0000"/>	<input type="text" value="000-00-0000"/>

HAVE YOU APPLIED FOR, OR ARE YOU RECEIVING BENEFITS OR SERVICES? (required) ?

Yes
 No

ARE YOU REGISTERING TO COMPLY WITH THE UC REQUIREMENT TO REGISTER FOR EMPLOYMENT SEARCH SERVICES? (required)	ARE YOU A PERSON WITH A DISABILITY SEEKING OVR SERVICES? ?
<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No

[View list of benefits and services \(pdf\)](#)
[View our privacy policy](#)

CONTINUE

5. Hit Continue.

6. Enter Contact Information.

Pennsylvania
CareerLinkSM

Sign In / Register

EVENTS CAREER SERVICES ABOUT US HELP ESPAÑOL

Contact Information

CORRESPONDENCE PREFERENCE (required)

Email Mail

EMAIL (required)
abcdef@gmail.com

CONFIRM EMAIL (required)
abcdef@gmail.com

Location Address

ADDRESS LINE 1 (required)
50 East Locust Street

ADDRESS LINE 2

CITY (required)
Nesquehoning

STATE (required)
Pennsylvania

ZIP CODE (required)
18240

COUNTY (required)
Carbon

Mailing Address is the same as above Location Address

[BACK](#) [CONTINUE](#)

7. Create User Account

Pennsylvania
CareerLink™

Sign In / Register

EVENTS CAREER SERVICES ABOUT US HELP ESPAÑOL

Create User Account

Account Information

KEYSTONE ID / USER NAME (required)

PASSWORD (required)

 Show

One lowercase character One special character
 One uppercase character 8 character minimum
 One number

Security Questions & Answers

SECURITY QUESTION 1 (required)

Select

ANSWER 1 (required)

SECURITY QUESTION 2 (required)

Select

ANSWER 2 (required)

SECURITY QUESTION 3 (required)

Select

ANSWER 3 (required)

I have read and understood the [View Civil Rights Statement](#) (required)

CANCEL CONTINUE

8. Hit Continue.

Questions? Contact Carbon County Workforce Training at 570-325-2915 for any issues.