



CUYAHOGA METROPOLITAN HOUSING AUTHORITY

Generation Success: Teens Achieving Greatness (GS:TAG) Program Application

APPLICANT INFORMATION

Last Name		First Name		MI	Date
Street Address		Apartment/ Unit #	CMHA Estate Name		
City		Zip	Telephone or Cell Phone ()		
Date of Birth / /		Social Security #			
E-mail Address			Are You A U.S. Citizen? YES <input type="checkbox"/> NO <input type="checkbox"/>	If not, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Do you have a valid driver's license? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES: STATE OF ISSUE: DRIVER'S LICENSE NUMBER:			Do you have access to a vehicle to reach your employment/training site(s)? YES <input type="checkbox"/> NO <input type="checkbox"/>		

EDUCATION / CAREER GOALS

High School You Currently Attend	G.P.A. (grade average)	Expected Graduation Date
Please check the following career options in which you are most interested: <input type="checkbox"/> BUSINESS <input type="checkbox"/> FAMILY SERVICES <input type="checkbox"/> TECHNOLOGY <input type="checkbox"/> SPORTS <input type="checkbox"/> COMMUNICATIONS <input type="checkbox"/> MECHANICAL <input type="checkbox"/> CLERICAL <input type="checkbox"/> LAW ENFORCEMENT <input type="checkbox"/> HEALTH/NUTRITION <input type="checkbox"/> BANKING/FINANCE <input type="checkbox"/> TRANSPORTATION <input type="checkbox"/> CONSTRUCTION		

EXPERIENCE/EMPLOYMENT HISTORY
(Please list your most recent jobs FIRST, and include any PAID or NON-PAID experiences you have had working.)

Company		Phone	
Address		Supervisor	
Job Title	Start Date	End Date	
Duties			

Company		Phone	
Address		Supervisor	
Job Title	Start Date	End Date	
Duties			

Company		Phone	
Address		Supervisor	
Job Title	Start Date	End Date	
Duties			

PLEASE LIST ANY VOLUNTEER EXPERIENCES YOU HAVE HAD.

IN CASE OF AN EMERGENCY, LIST WHO SHOULD BE CONTACTED ON YOUR BEHALF		
Last Name		First Name
Street Address		Apartment/ Unit #
City	Zip	Relationship To You
Telephone or Cell Phone ()	Telephone or Cell Phone ()	

PERSONAL REFERENCES		
Please list three individuals in a position to evaluate your qualifications for this program.		
Name		
Street Address		Apartment/ Unit #
City	Zip	Relationship To You
Telephone ()	Cell Phone ()	

Name		
Street Address		Apartment/ Unit #
City	Zip	Relationship To You
Telephone ()	Cell Phone ()	

Name		
Street Address		Apartment/ Unit #
City	Zip	Relationship To You
Telephone ()	Cell Phone ()	

PLEASE EXPLAIN WHY YOU ARE INTERESTED IN BECOMING A MEMBER OF GS:TAG

PLEASE LIST ANY SPECIFIC WORK-RELATED SKILLS YOU MAY HAVE. (Example: Typing, Filing, Team Organizing, Child Care, Tutoring, etc.)

PLEASE READ AND SIGN BELOW, SIGNIFYING YOUR AGREEMENT

I certify that the information which I have provided in this application for the **Cuyahoga Metropolitan Housing Authority's Generation Success: Teens Achieving Greatness Program** is correct and that I have in no way attempted to deceive or provide misleading information. I further understand that furnishing misleading or incorrect information on this application or its attachments will be just cause for termination from the program.

I hereby give my permission to persons and companies named on this application and its attachments and any other person or organization that may have information concerning me, to release pertinent information to the Cuyahoga Metropolitan Housing Authority or its duly authorized representative, except where otherwise indicated. I release said parties from all liability for any damages resulting from the issuance of such information.

SIGNATURE

DATE

Generation Success: Teens Achieving Greatness

Cuyahoga Metropolitan Housing Authority
Youth Leadership Development and Work Program

Pledge Form

I, _____ understand and agree to the following conditions in order to participate in the CMHA Youth Leadership Development and Work Program—Generation Success: Teens Achieving Greatness (GS-TAG) Program:

1. I will maintain a 2.5 Grade Point Average (GPA), or better.
2. I will continue to have good school attendance.
3. I will attend all scheduled meetings and activities.
4. I will be a hard-working youth employee—one which will make me proud, my parents proud, and CMHA proud.
5. I understand the importance of participating in scheduled activities and training and will actively participate as requested.

Signature of Youth Participant

Date

Street Address

Apartment/Unit #

City

Zip

Telephone or Cell Phone

CMHA ESTATE YOU LIVE AT