*Next Up is for Cambridge residents age 18-24 who don’t know what they’re doing next and need help making a plan - or have a plan and don’t know how to make it happen. Participants will learn new skills, explore different careers, and gain work experience in a paid part-time internship.*

**Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Middle Last

**Address:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number & Street Apt. # City Zip Code

**Cell Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Second (Back-Up) Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Best way to reach you?**  ❑ Call ❑ Text ❑ Email

**Age:** \_\_\_\_\_\_\_ **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ **Gender:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Emergency Contact:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Emergency Contact Number**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Race/Ethnicity** (*please check all that apply*):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ❑ White | ❑ Black | ❑ Latinx | ❑ Asian | ❑ American Indian | ❑ Other (Please list):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

**Please check off the highest level of education you have attained so far:**

|  |  |
| --- | --- |
| ❑ Some high school | ❑ Earned certificate (please list): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ❑ High school diploma/GED | ❑ Graduated with Associate’s degree |
| ❑ Some college |  |

**Are you currently enrolled in a training or education program?**

|  |  |  |
| --- | --- | --- |
| ❑ Attending community college | ❑ Attending 4-year college | * Not in School or Training
 |
| ❑ Attending ESOL classes | ❑ In a job training program  |  |

*Please list name of school or program here:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please check your current employment status:**

❑ Not Working ❑ Currently Working Part Time (*under* 20 hours/week)

❑ Currently Working Full Time ❑ Currently Working Part Time (*over* 20 hours/week)

**If currently working, please list:**

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Did you go to any other employment program such as The Work Force or Just-A-Start? If so, please list it here:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Applicant Signature Date**

***Please bring this completed form to the Office of Workforce Development, 51 Inman St. (1st floor), Cambridge.***