

Afterschool WAGES® FLORIDA Application

1. SS# _____ County of Employment _____

2. First Name _____ Legal Last Name _____ Maiden Name _____

3. Mailing Address _____

City/State _____ Zip _____ County of Residence _____

4. Phone: Home (____) _____ E-Mail _____

5. Sex: Male Female Date of Birth ____/____/____ (Miami Only)

6. Race: Black/African American Asian American/Pacific Islander Black/Haitian

White/European American Hispanic American/Latino

American Indian Biracial Other: _____

7. Have you previously applied to the Afterschool WAGES® Project? Yes No

8. Do you have a high school diploma? Yes No

9. Education level completed:

(If no formal education credential received, list credit hours taken).

Year Awarded

BA/BS/BAS in: _____

AA/AS/AAS in: _____

Florida Director Credential _____

Florida Staff Credential (SAPC, FCCPC-School Age) _____

_____ credit hours completed in Youth Development

Other: _____

10. Colleges Attended	List all years attended	City, State
_____	_____	_____
_____	_____	_____
_____	_____	_____

11. Are you currently enrolled in coursework at a community college, college or university? Yes No
If yes, name of college _____

12. Do you currently have a T.E.A.C.H. Scholarship? Yes No

13. Your employment position (*Must spend at least 15 hours per week with children/youth.)

Counselor Certified Counselor Activity Leader Program Coordinator Program Coordinator

Counselor in Training Assistant Director Director Other _____

14. Employment status: Full-time, permanent Part-time

15. Ages of children in your care (Check all that apply.) 5-10 11-14 15 and older

16. Date you began working at this program ____ / ____ / ____ (Month/Day/Year)

17. Current salary or hourly pay rate: Per year: \$ _____ Per hour: \$ _____

18. How many hours do you work? Per year: _____ Per week: _____

I, _____ (Applicant's Name, please print), attest that the information contained in this application and the supporting documentation is true to the best of my knowledge. I understand that if the information I supplied in this application is found to be fraudulent my participation in this program will be terminated. I understand that the information included on this application will be shared by the Children's Forum and Prime Time Palm Beach County.

Applicant's Signature

Date

Afterschool WAGE\$[®] FLORIDA Check List

We will be unable to process your application if ANY of the required documentation is missing or if any questions on the application are left unanswered. Please return this entire form.

Have you included each of the following items REQUIRED to process your application?

1. Complete Application (All questions must be answered) Yes No
2. Signed employment verification Yes No
(See below; person authorized to provide employment verification must complete and sign.)
3. Education documentation (See below-in-service hours do not need to be included) Yes No
4. Copy of most recent pay stub accurately reflecting your schedule Yes No

Education Documentation

The following forms of verification are acceptable and must include the college name and applicant's name and/or social security number: a copy of your degree, certificate or credential and a copy of the transcript from all colleges or universities you have attended.

Employment Information

Applicants: Please have the owner, director, or person authorized to provide employment verification complete the following questions. A signature stating the information's validity is required.

Employee/Applicant name _____ County _____

Position of employment _____
(If applicant fulfills duties of more than one position, please specify this)

Afterschool program name _____
(If you work at a multi-site care program be specific as to which site)

License # _____ Director _____

Afterschool program address _____

City/State _____ Zip _____ County _____

Afterschool program e-mail address _____

Afterschool program telephone: () _____ Fax: () _____

Months per year your afterschool program is open: 12 months 10 months Other _____

Ages of the children in the care of this employee: 5-10 11-14 15 and older

Hours worked per week _____

(If the applicant fulfills duties of more than one position, please state how many hours are worked each week, in each position.)

Current hourly rate _____ Employee's start date _____

I am authorized to provide employment verification. The information provided on this form is true and accurate to the best of my knowledge.

Printed Name

Signed Name

Position

Date



Return application to: Prime Time Palm Beach County
2300 High Ridge Road, Suite 330
Boynton Beach, FL 33426
Phone: (561) 732-8066
Fax: (561) 732-8094

