



Pre-Apprenticeship Program

A win-win solution in the workforce



2022 Youth Application Packet



Thank you for your interest in applying for the Pre-apprenticeship Program. The forms included in this packet are for 2022 application year. All forms must be completed and must meet eligibility criteria before you are considered for the training/workplace mentoring.

Program Requirements:

- Riverside County Resident
- Enrolled High School Junior or Senior
- Meet Income Guidelines (attached to application)

Please mail or email completed application and all signed forms to:

Community Action Partnership of Riverside County

Attention: Youth Programs
2038 Iowa Ave. Suite B-102
Riverside CA 92507

Or

Email: LillyMarie@capriverside.org

Use black or blue ink when completing the application (Do Not use White Out). Parent or guardian must sign the application if you are under the age of 18. The motivation statement must be the youth's own creation and production.

Every effort will be made to match your area of interest with an employer/training site mentor in your community. This program is offered to qualifying students based of funding availability.

If you have questions about any of this information, please contact:

Lilly M. Cardoza

Youth Programs

Community Action Partnership of Riverside County
2038 Iowa Avenue Suite B-102 ~ Riverside CA 92507

Phone (951) 955-4900

Fax (951) 955-9089

TTY (Hearing Impaired) (951) 955-5126

Email address: LillyMarie@capriverside.org

Web address: www.capriverside.org

Inclusions:

1. Youth Application Form *(to be completed and signed by youth applicant)*
2. Youth Motivation Statement *(to be the complete work of youth applicant)*
3. Emergency Contact Information *(may be completed by parent or youth)*
4. Income Certification Form *(to be completed and signed by parent or guardian)*
5. Proof of household income *(must be included with packet: Copies of check stubs covering one month from the date of the application or copies of w-2. If no income, complete Declaration of No Income attached).*
6. General Summary of Minor's Work Regulations *(yours to keep)*



Community Action Partnership of Riverside County Pre-apprenticeship Youth Application

Last name:		First Name:		Middle Initial:
Street Address		City:	Zip:	
Mailing Address (if different)		City	Zip code;	
Home Phone: ()		Cell Phone: ()	Email Address (<i>print clearly</i>):	
Family Composition: <input type="checkbox"/> Single Parent <input type="checkbox"/> Two parent <input type="checkbox"/> Emancipated Minor <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Care <input type="checkbox"/> Other (Describe):	Sex: <input type="checkbox"/> F <input type="checkbox"/> M	Race (may check one or more): <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other		Date of Birth: ____ / ____ / ____ Age: ____ Social Security Number (optional): ____ / ____ / ____
Present Grade level:	GPA:	High School Attending:		# of members Living in Household:
What type of employment training do you desire? <input type="checkbox"/> Retail <input type="checkbox"/> Maintenance <input type="checkbox"/> General Office <input type="checkbox"/> Other Have you participated in other employment trainings? If so, what is the name of the business? _____		How many hours per week can you work? _____ What hours are you in school each day? _____ Do you have..... Driver's License? <input type="checkbox"/> No <input type="checkbox"/> Yes; Number _____ California ID? <input type="checkbox"/> No <input type="checkbox"/> Yes; Number _____ Your own car? <input type="checkbox"/> No <input type="checkbox"/> Yes		
How will you travel to and from work? <input type="checkbox"/> --Own car / <input type="checkbox"/> --Family / <input type="checkbox"/> --Bus / <input type="checkbox"/> --Other _____		Are your parents/Guardians supportive of you getting a job? <input type="checkbox"/> Yes / <input type="checkbox"/> No / Any concerns? _____		
Current Skills (Please check all that apply): <input type="checkbox"/> Computer <input type="checkbox"/> Internet <input type="checkbox"/> Copier <input type="checkbox"/> Facsimile (Fax) <input type="checkbox"/> Touch Calculator <input type="checkbox"/> MS Access <input type="checkbox"/> MS PowerPoint <input type="checkbox"/> MS Word <input type="checkbox"/> Keyboarding speed (WPM: _____) List Other Skills: _____ Do you know a language other than English? YES NO Speak: _____, Read: _____, Write: _____				
Available Start Date:		School or Youth Counselor Name (<i>print clearly</i>):		Contact Phone Number: ()
Student Applicant Signature: ✓		Date:		
Parent/Guardian Signature: ✓		Relationship:		Date:
For CAP Use Only				
Date of Hire:		Mentor:		
Completion Date:		Exit Interview Date:		
Comments:				

Return completed application packet by mail to: Pre-apprenticeship Program • Attention: Lilly M. Cardoza
2038 Iowa Avenue Suite B-102, Riverside, CA 92507 • LillyMarie@capriverside.org
Tel: (951) 955-4900 • TTY (Hearing Impaired) (951) 955-5126 ~ Fax (951) 955-9089



MOTIVATION STATEMENT

(Must be submitted with Youth Application)

On a separate sheet of paper (typed, if possible), answer the following questions in a short essay form. There is no right or wrong way to do this; just be thoughtful and honest in preparing your answer. This statement is an important part of your application. Spend some time preparing your answers. No parental help please.

*****Note: Please make every effort to make this a professional looking paper that you would want an employer to read and know more about you.***

- A. What do you hope to gain from your first work-training experience? How would this work experience advance your personal and professional goals?
- B. What field of expertise or career path would you like to pursue after graduation from high school?
- C. What do you feel are the pressing needs of the youth in your community?

Note: Please put your name on motivation statement



Community Action Partnership of Riverside County

Pre-apprenticeship Emergency Contact Information

Student's Name: _____

Primary Contact		
Name:		
Last	First	M.I.
Address:		
Street		
City	State	Zip
Telephone:	Day:	Evening:
Relationship to Applicant:		

Secondary Contact		
Name:		
Last	First	M.I.
Address:		
Street		
City	State	Zip
Telephone:	Day:	Evening:
Relationship to Applicant:		



Pre-apprenticeship Income Certification 200% of the 2022 CSBG Poverty Guidelines

Youth Name: First Name: Last Name: _____

1. Circle the number of persons in your household.

2. Circle the Monthly or Yearly income of your family

2022 CSBG Poverty Guidelines

Size of Family Unit or Number in Household	Monthly Income	Annual Income
1	\$2,127	\$25,520
2	\$2,873	\$34,480
3	\$3,620	\$43,440
4	\$4,367	\$52,400
5	\$5,113	\$61,360
6	\$5,860	\$70,320
7	\$6,607	\$79,280
8	\$7,353	\$88,240
9+	Add \$4,480 for each person over 8	

I certify that the total household income for the above individual *does/does not* (circle one) exceed the established poverty guidelines indicated above.

✓ Parent/Guardian's Signature

Date

Return completed application packet and mail to:

Community Action Partnership of Riverside County Pre-apprenticeship Program

Attn: Lilly M. Cardoza

2038 Iowa Avenue Ste B-102, Riverside, CA 92507

- Tel: (951) 955-4900 TTY: (Hearing Impaired) (951) 955-5126 • Fax (951) 955-9089
- Email Address: LillyMarie@capriverside.org



**COMMUNITY ACTION PARTNERSHIP
OF RIVERSIDE COUNTY**

DECLARATION OF NO INCOME

Complete this form if you are over 18 and claim no income

Applicant Information: Enter the name and address of the person who is applying for assistance.	
Applicant's Name:	
Applicant's Address:	
Member of Household Information: Complete the information for each adult household member who claims no income.	
Name:	
Address:	
Relationship to Applicant:	
Describe how shelter, food utilities and other bills are paid for: 	
I HEREBY CERTIFY that I am over 18 and that the information stated here is true and accurate and by signing this form, I am under penalty of criminal prosecution if false information results for which I am not eligible.	
Signature:	Date:

**COMMUNITY ACTION PARTNERSHIP
OF RIVERSIDE COUNTY**

Youth Programs

Address: 2038 Iowa Avenue, Ste. B102, Riverside CA 92507

Phone: (951) 955-4900 or 1-800 511-1110 Fax: (951) 955-9089

General Summary of Minors' Work Regulations

FLSA-Federal Labor Standards Act, CDE-California Department of Education, EC-California Education Code, LC-

16 & 17 Year Olds	14 & 15 Year Olds	12 & 13 Year Olds
Must have completed 7 th grade to work while school is in session. (EC 49112)	Must have completed 7 th grade to work while school is in session (EC 49112)	Labor laws generally prohibit non-farm employment of children younger than 14. Special rules apply to agricultural work, domestic work, and the entertainment industry. (LC 1285–1312)
4 hours per day on any school day (EC 49112; 49116; LC 1391) 8 hours on any non-school day or on any day preceding a non-school day. (EC 49112; LC 1391) 48 hours per week (LC 1391) WEE students & personal attendants may work more than 4 hours on a school day, but never more than 8. (EC 49116; LC 1391, 1392)	3 hours per school day outside of school hours (EC 49112, 49116; LC 1391) 8 hours on any non-school day No more than 18 hours per week (EC 49116; LC 1391) WEE students may work during school hours & up to 23 hours per week. (EC 49116; LC 1391)	2 hours per school day and a maximum of 4 hours per week. (EC 49112)

California *Labor Code*, CFR-California Federal Regulations

- **If federal laws, state laws, and school district policies conflict, the more restrictive law (the one most protective of the minor) prevails. (FLSA)**
- Employers of minors required to attend school must complete a “Statement of Intent to Employ a Minor and Request for Work Permit” (CDE B1-1) for the school attendance for each such minor. (EC 49162)
- Employers must retain a “Permit to Employ and Work” (CDE B1-4) for each such minor. (EC 49161)
- Work permits (CDE B1-4) must be retained for three years and be available for inspection by sanctioned authorities at all times. (EC 49164)
- A work permit (CDE B1-4) must be revoked whenever the issuing authority determines the employment is illegal or is impairing the health or education of the minor. (EC 49164)
- A day of rest from work is required in every seven days, and shall not exceed six days in seven.
(LC 551, 552)

Minors under the age of 18 may not work in environments declared hazardous or dangerous for young workers, examples listed below: (LC 1294.1 and 1294.5, 29 CFR 570 Subpart E)

1. Explosive exposure
2. Motor vehicle driving/outside helper
3. Roofing
4. Logging and sawmilling
5. Power-driven woodworking machines
6. Radiation exposure
7. Power-driven hoists/forklifts
8. Power-driven metal forming, punching, and shearing machines
9. Power saws and shears
10. Power-driving meat slicing/processing machines

HOOURS OF WORK School In Session School / Not In Session

8 hours per day (LC 1391, 1392) 48 hours per week (LC 1391)	8 hours per day (LC 1391, 1392) 40 hours per week (LC 1391)	8 hours per day (LC 1391, 1392) 40 hours per week (LC 1391)
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Spread of Hours

5 a.m.–10 p.m. However, until 12:30 a.m. on any evening preceding a non-school day (LC 1391) WEE students, with permission, until 12:30 a.m. on any day (LC 1391.1) Messengers: 6 a.m.–9 p.m.	7 a.m.–7 p.m., except that from June 1 through Labor Day, until 9 p.m. (LC 1391)	7 a.m.–7 p.m., except that from June 1 through Labor Day, until 9 p.m. (LC 1391)
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For more information about child labor laws, contact the U.S. Department of Labor at <http://www.dol.gov/>, and the State of California Department of Industrial Relations, Division of Labor Standards Enforcement at <http://www.dir.ca.gov/DLSE/dlse.html>