



## Youth Employment Training Program

Gain valuable work experience, life skills, and receive a stipend for your time!

**SUMMER SESSION B: July 19<sup>th</sup>, 2010- Sept. 25<sup>th</sup>, 2010**

**FALL SESSION A: Aug. 23<sup>rd</sup>, 2010- Oct. 30<sup>th</sup>, 2010**

**FALL SESSION B: Sept. 27<sup>th</sup>, 2010-Dec. 4<sup>th</sup>, 2010**

Shifts M-F: 3:15 p.m. -6:15 p.m. & Saturday: 10 a.m. – 4:15p.m.

Two shifts a week are scheduled Monday/Wednesday and Tuesday/Thursday and Friday /Saturdays. These can also be single shifts.

### Participants will learn:

- Customer service
- All retail store functions and gain retail sale experience
- Cashiering including using a register and money accountability
- Inventory control / Product placement & display
- How to work as part of a team and how to work independently
- How to obtain job applications
- Job seeking skills
- Preparing for a job interview

### Qualifications:

- Must be 15-17 years old
- Willing to work two shifts a week for 10 weeks
- Willing to work as a team
- Responsible
- Eager to learn

The program takes place at the Penny Pinchers Thrift Store in Mounds View Square on Highway 10. The family/guardian is responsible for transportation to and from Penny Pinchers. An orientation session at the store requires parental/guardian attendance. Details of the orientation will be mailed after acceptance to the program. **There is a one-time \$10 registration fee to participate which is due at orientation.**

### For more information, call:

Jo Sander  
Youth Employment Specialist  
763-783-3626

### The YET program is offered by:



### Send completed application to:

Jo Sander – Youth Employment Specialist  
Penny Pinchers Thrift Store  
2565 County Rd 10  
Mounds View, MN 55112

# Northwest Youth & Family Services YET Program Application

Penny Pinchers Thrift Store  
2565 County Rd 10  
Mounds View, MN 55112

To be filled out by youth:

Name \_\_\_\_\_

Phone # \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_

City \_\_\_\_\_

Zip \_\_\_\_\_

List any skills, experience, or qualifications that make you a good candidate for this job. Include volunteer, school and work experiences.

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How did you learn about the Penny Pinchers Youth Employment Training Program?

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What do you hope to learn from working at Penny Pinchers?

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Please indicate which session you are applying for: \_\_\_\_\_ Preferred Shift: \_\_\_\_\_

Please list one reference.

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

How do you know this person? \_\_\_\_\_

Guardian(s) Name(s) \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Guardian(s) Name(s) \_\_\_\_\_ Phone Number: \_\_\_\_\_

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that if any part of the information is untrue, it is grounds for dismissal.

Signature (Youth) \_\_\_\_\_ Date \_\_\_\_\_

Signature (Parent) \_\_\_\_\_ Date \_\_\_\_\_

Youth information to be filled out by parent:

Please check all of the following that your child has experienced:

- |  |  |
|--|--|
| <input type="checkbox"/> Never had a job     | <input type="checkbox"/> Violent                       |
| <input type="checkbox"/> Low Family Income   | <input type="checkbox"/> Repeated School Failure       |
| <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Diagnosed Mental Health Issue |
| <input type="checkbox"/> Physical disability | <input type="checkbox"/> Behavior Problems             |
| <input type="checkbox"/> ADD/ADHD            | <input type="checkbox"/> Parent-Child Conflict         |
| <input type="checkbox"/> EBD                 | <input type="checkbox"/> Committed Delinquent Act      |

The following information is confidential and for funding purposes only. The following information will not affect the youth's ability to participate in this program.

Gender: \_\_\_\_\_

Education: (Name school and grade level)

\_\_\_\_\_

- Ethnicity:
- |   |                                    |
|---|------------------------------------|
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Caucasian |
| <input type="checkbox"/> African American               | <input type="checkbox"/> Hispanic  |
| <input type="checkbox"/> Asian/Pacific Islander         | <input type="checkbox"/> Other     |
| <input type="checkbox"/> Biracial                       |                                    |

Please indicate annual household income:

Less than \$20,000	_____
\$20,000 - \$45,000	_____
Greater than \$45,000	_____

Number of people living in household \_\_\_\_\_

If you have children living in your household, do they qualify for free or reduced lunch at school?

Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have health insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

Today's date \_\_\_\_\_

Thank you for sharing this information!