CITY OF SOCORRO 2024 TEMPORARY SUMMER YOUTH EMPLOYMENT APPLICATION

| Name: | Age: | |
|---|---|------------|
| Mailing Address: | Phone: | |
| City/State/Zip: | Check One: Male Female | |
| SSN: | DOB: | |
| Why do you want to work for the City? | | |
| Work History (If Any): What department do you think you would work best in? | | |
| | | Education: |
| I have not yet completed high school and aI have not yet completed high school but II have completed high school and received | • • • | |
| SECURITY CARD OR (| DRIVERS LICENSE/ID CARD <u>AND</u> A SOCIAL ORIGINAL BIRTH CERTIFICATE ORMS OF ID FOR PROOF OF U.S. RESIDENCY | |
| For Office Use Only: | | |
| Data Bassiyadı | Descrived Day | |