

CITY OF SOCORRO
2026 TEMPORARY SUMMER YOUTH EMPLOYMENT APPLICATION
6 WEEK PROGRAM - 20 HOURS A WEEK - \$12.00 AN HOUR

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 am currently enrolled at ____ SHS or _____.

____ I have not yet completed high school but I am currently seeking my GED.

____ I have completed high school and received a diploma or completed my GED.

APPLICANT MUST HAVE BOTH A DRIVERS LICENSE/ID CARD AND A SOCIAL SECURITY CARD OR ORIGINAL BIRTH CERTIFICATE
SEE I-9 FORM FOR ALTERNATE FORMS OF ID FOR PROOF OF U.S. RESIDENCY

For Office Use Only:

Date Received: _____

Received By: _____