NAME OF APPLICANT: _			· · · · · · · · · · · · · · · · · · ·	
	LAST	FIRST	MI	_
ADDRESS:				
STREET	CITY	STAT	E ZIP	
TELEPHONE: (Home)		(Cell)		
AGE: DA	TE OF BIRTH:			
SCHOOL YOU PRESENTLY AT	TEND AND GRAD			
HAVE YOU WORKED THE SUM				
IF SO, HOW OFTEN?				_
PARENT/GUARDIAN:				
NAME:				_
ADDRESS:				
STREET	CITY	ST	ZIP	
EMERGENCY CONTACT #:				
	Trans			
You must bring the follo	wing items wh	ien you submit	your application	:
0	U			
✓ Birth Certificate				
✓ Social Security Care	d		-	1
✓ Driver's license, Sc	hool ID or Stat	e Issued Photo	ID	
✓ Enrollment Verifica				6
		provide decider (
Applicants must be between the ages of	16–23	For Office Use Of	ly by Yazoo City Hall Employe	ees
Completed Application Received by:			Date:	
			V	ees
Completed Application Received by:			Date:	