



City of Inkster  
**Summer Youth Employment Program**  
**Participant Application**  
**Application Deadline: July 5<sup>th</sup>, 2022**

**PERSONAL INFORMATION**

FIRST NAME \_\_\_\_\_

LAST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/ ZIP CODE \_\_\_\_\_

PHONE \_\_\_\_\_

BIRTHDATE \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

FIRST NAME \_\_\_\_\_

LAST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/ ZIP CODE \_\_\_\_\_

PHONE \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

**SCHOOL INFORMATION**

SCHOOL NAME \_\_\_\_\_

GRADE \_\_\_\_\_

**Assignments for the summer program will include the following departments.  
Please indicate those in which you may be interested.**

- Mayor's Office
- Human Resources Department
- Police Department
- Special Projects

- City Clerks' Office
- I.T./Media Department
- Public Services Department

**QUESTIONS?**

IF YOU HAVE ANY QUESTIONS OR WOULD LIKE FURTHER INFORMATION, PLEASE CONTACT:

➤ Darryl Greene, Director of Parks & Recreation at 313-464-9922 or email at [dgreene@cityofinkster.com](mailto:dgreene@cityofinkster.com)





**Community Activities:**

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**PERSONAL ACTIVITIES/INTERESTS:**

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**SELECT TWO AREAS OF INTEREST:**

Mayor's Office     IT/Media     Police Department     Public Service

**EMERGENCY CONTACT INFORMATION:**

**Name:** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Address:** \_\_\_\_\_  
(Street) (City) (State/Zip)

**Home Phone:** \_\_\_\_\_ **Cellular:** \_\_\_\_\_

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“I certify that the facts contained in this application are true and complete to the best of my knowledge and I understand that falsified statements on this application shall be grounds for denying Summer Youth Program Opportunity. I authorize investigation of all statements contained herein and the references listed to give you any and all information concerning my education and extra-curricular activities and any pertinent information they may have, personal or otherwise, and release the city of Inkster from all liability, expense or damage that may result from legal use of such information.”

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

City of Inkster  
26215 Trowbridge  
Inkster, MI 48141



**1. Tell us a little about yourself.**

School name \_\_\_\_\_

Perspective College \_\_\_\_\_

Career Goals \_\_\_\_\_

Extracurriculars \_\_\_\_\_

Other \_\_\_\_\_

**2. How has school and other experiences prepared you for work?**

**3. Have you ever had difficulty with a teacher or supervisor? What happened and how was it resolved?**

**4. How do you stand out amongst your peers?**

**5. Where do you see yourself in five years?**