

COUNTY OF SULLIVAN
Center for Workforce Development
50 NORTH STREET
MONTICELLO, NY 12701

SUMMER YOUTH EMPLOYMENT PROGRAM 2020

READ THIS!!!

IMPORTANT INFORMATION REGARDING SUMMER EMPLOYMENT PROGRAM

The Summer Youth Employment Program is funded by State and Federal grants

There are a limited number of summer employment positions available.

*****Completing an application does NOT guarantee a job.*****

Applicants who submit eligibility documentation in a timely fashion will be given priority.

- Summer youth employment applicants are expected to interview. They will need to discuss prior work experience, the types of work they are interested in performing and the means of transportation they will be using to get to and from their assigned job site.
- Dress APPROPRIATELY for your interview.
NO RIPPED JEANS, HOODIES, SLIDES or FLIP FLOPS
- Your job interview and orientation will be scheduled by appointment. Interviews will take place weekday evenings during the month of June.
- All incomplete applications or those without sufficient documentation will NOT be processed for hire.

Youth ages 14-20 may work up to 29 hours a week, depending on job site placement.

Summer Youth Employment Wage is \$11.80/ hour

The summer program will run from July 6th – August 14th 2020.

Some program dates may vary depending on job site.

SUMMER SCHOOL OBLIGATIONS PRECLUDE YOUTH FROM PARTICIPATION.

THERE ARE NO SUMMER VACATIONS PERMITTED DURING PROGRAM WEEKS!

Please complete the attached application and submit all eligibility paperwork to:

Lyle Mincheff, Youth Programing Coordinator
Sullivan County - Center for Workforce Development
50 North Street
MONTICELLO, NY 12701

Sullivan County Summer Youth Employment Program
Required Documentation

Applications will **NOT** be accepted without valid, state or student, photo ID.

You **MUST** return the following eligibility documentation to be considered for the 2020 Summer Youth Employment Program.

Applicants (Youth) MUST provide:

Photo ID

NYS Non-Driver ID/ Driver's License, -or-
2019-2020 Student Photo ID/ School Portal Photo Record (Online)

Additional Necessary Documentation

Social Security Card
Birth Certificate
Valid Health Insurance Card
Current Working Papers
(Blue Card 14-15 years old. Green Card 16-17 years old.)

Household MUST provide.

Verification or Recertification of Public Assistance Benefits:
Family Assistance (PA), Food Stamps (SNAP), Medicaid, HEAP (if applicable)
Social Security Income (SSI) Award Letter (if applicable)
2019 Income Tax Form: 1040/ 1040A/ or 1040EZ
2 Concurrent pay stubs indicating Year to Date income
County Residence Verification (Utility Bill/ Lease Agreement)
Additional Documentation

For questions, please call Lyle Mincheff, Youth Programming
Coordinator at (845) 796-8226

**SULLIVAN COUNTY CENTER FOR WORKFORCE DEVELOPMENT
2020 SUMMER YOUTH EMPLOYMENT PROGRAM APPLICATION**

*Please **PRINT** clearly and complete all information that applies to you.*

BACKGROUND AND FAMILY

Full Name: _____ Age: _____

~~Social Security~~ #: _____ Date of Birth: _____ Gender: _____

Physical Address: _____

Mailing Address: _____

Telephone: Cell: _____ Home: _____ Other: _____

E Mail Address: _____

Ethnicity/Race: White Black/African American Hispanic/Latino Asian
 Alaskan/American Indian Hawaiian/Pacific Islander Other

Are you a U.S. citizen? Yes No
 If no, are you authorized to work in the U.S.? Yes No

If you are a male 18 years of age and older:
 Have you registered for Selective Service? Yes No
 If yes, your Selective Service number is: _____

Do you live with: Your parent(s) On your own Non-relatives Relatives

Are you a: Foster child Runaway Homeless

Starting with yourself, please list information for all people living in your household:

Name	Age	Relationship to You	Monthly Income	Source of Income

Please list three contacts: (not living in your household)

Name/Relationship to You	Address	Telephone

ADDITIONAL HOUSEHOLD FINANCIAL INFORMATION

Please indicate if you, or any member of your household, receive the following:

	Active	Past 6 mos.	Pending	
Public Assistance:	_____	_____	_____	Case number _____
Food Stamps:	_____	_____	_____	Case number _____
Medicaid:	_____	_____	_____	Case number _____
Unemployment Compensation:	___No	___Yes		Monthly benefit: _____
Social Security Benefits:	___No	___Yes		Monthly benefit _____
Other income:	Type of income: _____			Amount _____

ADDITIONAL INFORMATION

Are you enrolled in school at this time? ___Yes ___No

If yes:

What school do you attend? _____

What grade are you in? _____

Have you ever repeated a grade? ___Yes ___No

What type of diploma will you receive? ___Regents ___IEP ___HSE

Anticipated date of graduation? _____

If no:

Have you already earned a diploma? ___Yes ___No

What type of diploma? ___High School Diploma ___HSE

When did you receive this diploma? _____

Name of last school attended: _____

Address of last school: _____

Highest grade you completed? _____

Have you ever received help from the Special Education Department? ___Yes ___No

For what: _____

Have you ever been diagnosed with a learning disability? ___Yes ___No

What type: _____

Have you/Do you attend vo-tech training? ___Yes ___No Completed? ___Yes ___No

What type: _____ Where? _____

Do you have?

___State Issued Identification ___Learners permit ___Drivers License

Identification number: _____ Expiration Date: _____

Do you have any other certifications/degrees? ___Yes ___No

What? _____

ADDITIONAL INFORMATION CONTINUED

Do you currently participate in any other community youth programs? ___Yes ___No

What program? _____

Have you ever participated in any other community youth programs? ___Yes ___No

What program? _____

Have you ever been institutionalized? ___Yes ___No

Why? _____ Where? _____ Dates: _____

Do you have any current legal issues? ___Yes ___No

What? _____

Have you experienced legal issues in your past? ___Yes ___No

What? _____

Are you currently on probation? ___Yes ___No

Probation officers name: _____ Telephone #: _____

WORK HISTORY

*Please indicate any previous work experience. Enter your **most recent** experience **first**.*

Position: _____ Supervisor: _____

Where worked: _____ Telephone: _____

Address: _____

Start date: _____ End date: _____ Salary: \$ _____ per _____

Job duties: _____

Reason for leaving: _____

Position: _____ Supervisor: _____

Where worked: _____ Telephone: _____

Address: _____

Start date: _____ End date: _____ Salary: \$ _____ per _____

Job duties: _____

Reason for leaving: _____

ADDITIONAL INFORMATION FOR SUMMER YOUTH EMPLOYMENT

Please answer the following questions:

Will you be attending summer school this year? ___ Yes ___ No

Will you commit to six weeks of employment during July and August? ___ Yes ___ No

Have you participated in the Summer Youth Employment Program before? ___ Yes ___ No

Do you have your work permit? ___ Yes ___ No

Do you have a valid driver's license? ___ Yes ___ No

Do you have reliable transportation to get back and forth to work? ___ Yes ___ No

What are your hobbies/interests? _____

What careers interest you? _____

JOB SKILLS INFORMATION

Please check all of the skills that apply to you:

___ Telephone ___ Typing ___ Computer ___ People

___ Fax Machine ___ Copy machine ___ Organizational ___ Filing

___ Cashier ___ Food Service ___ Landscaping ___ Theatrical

Other skills: _____

HEALTH INFORMATION

Please answer the following questions:

1. Are you in good health? ___ Yes ___ No

2. Do you have a problem with any area listed below?

___ Standing or sitting long hours ___ Bending or lifting

___ Back problems ___ Knee injury

___ Hearing impaired ___ Visually impaired

___ Allergies ___ Medical limitations

3. Are you presently taking any medication? ___ Yes ___ No

If yes, what kind? _____

4. Have you had any recent surgery? ___ Yes ___ No

If yes, what? _____

5. ~~Are you pregnant?~~ ___ Yes ___ No

ADDITIONAL APPLICANT INFORMATION

Please check if any of the following apply to you:

- ____ You are often absent from school.
- ____ You are failing 2 or more school subjects.
- ____ You receive referrals and/or detention for your behavior in school.
- ____ You have been suspended from school in the past.
- ____ You have dropped out of school.
- ____ You have limited English speaking, reading, or writing skills.
- ____ You, or a member of your family, are substance abusers.
- ____ You have no clear career goals.
- ____ You do not have the skills needed to get a job or keep a job.

My signature below indicates that I have been informed of and understand the eligibility information provided on this application and certify that it is true, correct and subject to verification. I understand that falsification is grounds for termination from the Summer Youth Employment Program and may result in action to recover any monies paid while participating in the program. Furthermore, falsification of any information provided on this application is a Federal and State criminal offense and subject to penalty. I understand that I must attend regularly and be on time, maintaining satisfactory progress in work experience activity. As an active participant the WIOA and/or TANF sponsored program, I have been advised of non-traditional employment, the grievance procedures, and civil rights rules and procedures as outlined in the Summer Youth Program application process and amendments. I authorize the Center for Workforce Development or its assignees to obtain information concerning this application. I understand that my identity will be kept confidential to the greatest extent possible.

(Applicant signature)

(Date)

With my signature below, I verify that I am the legal parent or guardian of the applicant on this form, and I hereby give permission for my child to participate in the Summer Youth Employment Program provided through OTDA and the Workforce Innovation and Opportunity Act

(Parent/Guardian signature)

(Date)

(CWD Staff signature)

(Date)

Sullivan County Center for Workforce Development is an Equal Opportunity, Affirmative Action service provider.