Saratoga County
DEPARTMENT OF EMPLOYMENT & TRAINING
Lisa M. Scaccia, Director

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2014 SUMMER YOUTH EMPLOYMENT PROGRAM

June 23, 2014 – August 18, 2014 (dates have some flexibility)

WORKSITE APPLICATION

***** PLEASE RETURN BY May 15, 2014 *****

I. AGENCY REQUESTING ASSISTANCE

A) AGENCY NAME: _____

ADDRESS:_____

CONTACT Name/ Title:_____PHONE:_____

FAX: _____ E-MAIL:_____

B) DESCRIPTION OF AGENCY

(Type of agency/ experience with youth employment):_____

II. JOB DESCRIPTION

A) THE JOB DESCRIPTION SHOULD BE DETAILED AND SPECIFIC AND MUST CONTAIN THE FOLLOWING INFORMATION: (A blank form exists at the end of this application for your convenience, or you may attach your own.)

1) Job title and # positions requested
2) Examples of work
3) Basic skills, work readiness and occupational skills utilized
4) Required knowledge, skills and abilities
5) Special requirements

III. SUPERVISION

Immediate Supervisor: _____ Phone:_____

Title: _____

Alternate Supervisor: _____ Phone:_____

Title: _____

IV. SAFETY

Saratoga County Department of Employment & Training (DET) is very concerned with the safety of our participants. Strict adherence to safety procedures is expected at all times. Participants must be provided with safety equipment where appropriate (e.g. safety glasses, work gloves, reflective vests). Any specialized training required to enable participant to safely and satisfactorily perform on the job is the responsibility of the worksite.

There are limitations on employment of minors for youth employment programs including the hours they can work and type of work they are allowed to do. Please reference the Division of Labor Standards, Laws Governing the Employment of Minors handbook or the NYS Department of Labor website (www.labor.ny.gov). Copies of the handbook can be obtained from Saratoga DET if needed.

V. SCHEDULE

A) Please complete the attached schedule form reflecting 20, 25 and 30 hours per week respectively. Once we have a budget and can do actual assignments, we will know how many hours per week each youth can work maximum. We always plan to provide maximum hours per week at the beginning of the program and cut back on the hours only if needed as the program progresses.

Are provisions made for inclement weather? ____YES ____NO ____N/A

Please state what the participants will do in case of inclement weather:

Saratoga DET will send copies of the attached **Worksite Assignment** document to youth assigned to your worksite. Please complete a **Worksite Assignment** and **Schedules** form for each job title requested.

VI. FUNDING

A) Does your agency have funds from any other source for the position requested?

___YES ___NO

B) Has this position ever been funded through any other source?

___YES ___NO Other funding source: _____

C) Do any layoffs or work stoppages exist at your agency?

___YES ___NO

VII. TRANSPORTATION

A) Is travel involved in this position?

___YES ___NO

B) If yes, is transportation provided for this position?

___YES ___NO

VIII. EQUAL EMPLOYMENT OPPORTUNITIES

A) Is your agency or worksite accessible to the handicapped?

___YES ___NO

B) Is there a grievance procedure in place in your agency?

___YES ___NO

IF NO, interested parties and participants are entitled to use DET's grievance procedure.

No party involved may discriminate with respect to any participant because of race, creed, color, national origin, sex, political affiliation or belief.

IX. CERTIFICATE OF LIABILITY INSURANCE

Saratoga County requires that each worksite applicant meet specific liability provisions. Please submit your insurance certificate with the application.

We cannot consider your application without an insurance certificate on file.

Is the Certificate of Liability Insurance enclosed? ___YES ___NO

If already on fle:

Your Certificate of Liability Insurance with Saratoga County: Expired _____

Will expire _____

X. SIGNATURE

The agency's authorized representative hereby certifies that the information in this application is correct to the best of his/her knowledge and belief. The agency further certifies that compliance with applicable labor laws is the responsibility of the worksite.

_____ _____

Signature of Authorized Agency Representative Date

_____

Typed/ Printed Name of Authorized Agency Representative

2014 Labor Union or Agency Endorsement of SYEP Program

WORKSITE: _____

JOB TITLE: _____

Are employees at this worksite represented by a collective bargaining unit (labor union)?

YES_____ If YES, please complete Section I. NO ____ If NO, please complete Section II.

.....

Section I Union Endorsement (to be completed by Union Representative)

As the authorized bargaining agent for the union in existence at this agency, I am aware of the Employment Program and have determined that it does not infringe upon the rights of any union member covered under our collective bargaining agreement.

Name of Union: _____

Name of Representative: _____

Title: _____

Signature: _____ Date: _____

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Section II Agency Endorsement (to be completed if no union exists at your agency)

If Employees at this agency are not represented by a labor union, the authorized agency representative must sign below, attesting to the same as above.

Agency Representative: _____

Title: _____

Signature: _____ Date: _____

This endorsement will become a part of the worksite agreement between the Saratoga County DET and the Worksite regarding the employment of eligible youth.

Please fill out all sections of the JOB DESCRIPTION and WORKSITE ASSIGNMENT forms.

JOB DESCRIPTION:

Name of Worksite: _____

1) Job title:_____ # of positions requested: _____

2) Examples of work:

3) Basic skills, work readiness skills and occupational skills utilized in this position:

4) Required knowledge, skills and abilities:

5) Dress Code or other special requirements:

Saratoga County is an Affirmative Action/ Equal Opportunity Employer-
Auxiliary aids and services are available upon request to individuals with disabilities

WORKSITE ASSIGNMENT:

Please leave "Name of Employee" blank and begin with "My Assigned Worksite" below filling in your agency name and completing all remaining areas of this form. This form will be given to the assigned youth once matched with your worksite.

Name of Employee: _____

My Assigned Worksite: _____

My Job Title: _____

My Supervisor's Name: _____

My Worksite Phone Number is: _____

My First Day of Work is: _____

I Will Report At (exact time and location): _____

_____

Work Schedule: 20 hours

	TIME BEGIN (circle am or pm)	Lunch Break (if required*)	TIME END (circle am or pm)
Monday	_____ am pm	Beg: _____ End: _____	_____ am pm
Tuesday	_____ am pm	Beg: _____ End: _____	_____ am pm
Wednesday	_____ am pm	Beg: _____ End: _____	_____ am pm
Thursday	_____ am pm	Beg: _____ End: _____	_____ am pm
Friday	_____ am pm	Beg: _____ End: _____	_____ am pm
Saturday	_____ am pm	Beg: _____ End: _____	_____ am pm
Sunday	_____ am pm	Beg: _____ End: _____	_____ am pm

*NYS Labor Law states that the noonday meal period extends from 11:00am – 2:00pm. An employee who works a shift of more than six hours which extends over the noonday meal period is entitled to at least a thirty minute meal break. We do NOT pay for breaks of any kind including meal breaks required by law. Employees are only paid for actual hours worked. Please note on form above any additional breaks (other than lunch break) if given.

Work Schedule: 25 hours

	TIME BEGIN (circle am or pm)	Lunch Break (if required*)	TIME END (circle am or pm)
Monday	_____ am pm	Beg: _____ End: _____	_____ am pm
Tuesday	_____ am pm	Beg: _____ End: _____	_____ am pm
Wednesday	_____ am pm	Beg: _____ End: _____	_____ am pm
Thursday	_____ am pm	Beg: _____ End: _____	_____ am pm
Friday	_____ am pm	Beg: _____ End: _____	_____ am pm
Saturday	_____ am pm	Beg: _____ End: _____	_____ am pm
Sunday	_____ am pm	Beg: _____ End: _____	_____ am pm

Work Schedule: 30 hours

	TIME BEGIN (circle am or pm)	Lunch Break (if required*)	TIME END (circle am or pm)
Monday	_____ am pm	Beg: _____ End: _____	_____ am pm
Tuesday	_____ am pm	Beg: _____ End: _____	_____ am pm
Wednesday	_____ am pm	Beg: _____ End: _____	_____ am pm
Thursday	_____ am pm	Beg: _____ End: _____	_____ am pm
Friday	_____ am pm	Beg: _____ End: _____	_____ am pm
Saturday	_____ am pm	Beg: _____ End: _____	_____ am pm
Sunday	_____ am pm	Beg: _____ End: _____	_____ am pm

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