



Saratoga County Summer Youth Employment Program **Summer Jobs 2016**

NEW INFORMATION FOR 2016 PLEASE READ!

NEW QUALIFICATION CRITERIA:

- 1) Free or Reduced Lunch NO LONGER automatically qualifies applicants for the program
- 2) SYEP participants MUST ATTEND a mandatory Career Day (date TBD) to participate in the program
- 3) At the halfway point, every participant with NO UNEXCUSED ABSENCES and SATISFACTORY JOB PERFORMANCE will be eligible to receive a raise!

All other criteria and information about the program is included on the next page. If you have any questions, please call 518-884-4170 and ask for Katherine or Norah.

Pre-Application Priority Deadline is April 25, 2016

(applications will continue to be accepted after 4/25/16 to fill any available slots)

(Keep this page for your records.)

Saratoga County

Summer Youth Employment Program

OVERVIEW

- For **eligible** Saratoga County youth residents 14-20 years old.
- Summer employment from approximately June 28, 2016 to August 22, 2016.
(Note: Dates are approximate, timeframe subject to change depending on funding and/or worksite placement.)
- Hiring rate is NYS minimum wage: \$9.00 hour.
- May work up to 30 hours a week (some jobs or weeks may be less hours).
- Job matching will take into consideration: location, skills, interests and desired location.
- Types of jobs include: clerical/office assistant, laborer, customer service, grounds work, library page, cleaner and more!

Youth may qualify if they receive: **Medicaid – Supplemental Security Income -**

Or their family receives: **SNAP - Cash Public Assistance - HEAP**

Please return the attached application to the above address.

- We will begin contacting eligible candidates in May to continue the application process.
- If you are under 18 you must apply for your working papers now. Contact your school guidance office. You must have your original working papers when we call you for an interview to complete the application process.

NOTE! Funding for the 2016 Summer Youth Employment Program is contingent upon legislative action and budget inclusion. It is not clear what size program, if any, will be supported for Summer 2016. Additionally, the wage incentive program will be contingent on availability of funds. We are accepting applications now to stay on track with timing if the programs are supported but we do not yet have confirmation. We will have a clearer picture closer to the program start date.

Questions? Please call 518-884-4170 and ask for Katherine or Norah

Pre-Application Priority Deadline is April 25, 2016

(applications will continue to be accepted after 4/25/16 to fill any available slots)

You MUST fill out ALL sections of the application form to be considered.

(Keep this page for your records.)

YOUTH PROGRAM PRE-APPLICATION

You MUST fill out ALL sections of the application form to be considered.
(PLEASE BE SURE TO WRITE NEATLY SO WE CAN READ EVERYTHING ON YOUR APPLICATION)

Today's date is: ____/____/2016

Name _____ Social Security Number ____/____/____

Address _____
(Street) (City) (Zip Code)

Town you live in if different from your address: _____

Your Home Phone #: _____ Your Cell Phone #: _____

Parent/Guardian Phone #: _____ Email: _____

Alternate # or email where you can receive a message / be reached: _____

Birth Date: ____/____/____ How old are you right now? ____ Check one: Male ____ Female ____

If you are a male, 18 years old or older, have you registered with selective service? Yes ____ No ____

Is your parent a military veteran? Yes ____ No ____ If yes, check: Father ____ Mother ____

ELIGIBILITY QUESTIONNAIRE (ALL Questions MUST Be Answered To Be Considered!)

1) How many immediate* family members live in the youth applicant's home (incl. applicant)? _____

2) Does the youth applicant's family receive Food Stamps (in the last 6 months)? Yes ____ No ____

3) Does the youth applicant receive: Family Assistance/Safety Net? Yes ____ No ____

4) Does the youth applicant receive: Medicaid? Yes ____ No ____

5) Does youth applicant's family receive: HEAP? Yes ____ No ____

6) Does the youth applicant receive: SSI? Yes ____ No ____

7) Is the youth applicant in foster care? Yes ____ No ____

8) Does the youth applicant have any physical, emotional or learning disabilities or an IEP? Y ____ N ____

If yes, does the youth applicant receive:

a) Medicaid: Yes ____ No ____

b) Supplemental Security Income: Yes ____ No ____

9) Has applicant ever been enrolled in this Summer Job Program? Yes_____ No_____

If yes, what year & where did they work?

10) What is the total FAMILY income (gross) of all members of the youth's immediate* family in the home for the past year or six months prior to this application? **YOU MUST FILL IN ONE OR THE OTHER.**

GROSS INCOME: ALL FAMILY MEMBERS PAST ONE YEAR: \$ _____

or

GROSS INCOME: ALL FAMILY MEMBERS PAST **SIX (6) MONTHS:** \$ _____

What are the sources of income? _____

Include the gross income (income before taxes and deductions) of each family member who lives with you. List all sources of family members gross income, including wages, social security benefits, public assistance benefits, child support, alimony, etc. received and any other recurring income of a family member.

*** IMMEDIATE FAMILY MEMBERS CLARIFICATION:**

Family members include your mother, father, stepmother, stepfather, any brothers or sisters (including half-siblings) who are under 18 years of age (or 18 and in secondary school) and these siblings' parents. If you have a child of your own, you should include that child, any brothers or sisters of the child, and the child's parent. You should not include any of these people if they do not live with you. You should not include other family members such as grandparents, uncles or aunts. If you are married, you should include your spouse, but do not need to include your parents or siblings.

EDUCATION RECORD

	School Name	Highest Grade Completed	Grade You Are In Right Now	Major
Jr. High School				
High School				
BOCES/ Tech School				

Do you plan to return to school in the Fall? ___Yes ___No

If yes, what grade will you be in? _____

Name of school: _____

EMPLOYMENT RECORD (Include all jobs you have had and list the most recent first.)

From:	Name and Address of Employer	Job Title	Salary & Hours/Week	Reason for Leaving
To:	Telephone:	Supervisor:		
From:	Name and Address of Employer	Job Title	Salary & Hours/Week	Reason for Leaving
To:	Telephone:	Supervisor:		

SKILLS:

What skills do you have? Examples: typing / computer skills, animal care, cleaning, landscaping.

Do you have any prior work experience or training? If yes, please describe skills used or learned.

Do you currently have another job or summer job lined up? Check one: Yes _____ No _____

Will you be able to get to a worksite? Yes _____ No _____

How will you get to a worksite? _____

If you could choose the kind of work you would most like to do your 1st and 2nd choices would be:

1st) _____ and 2nd) _____

INTEREST IN PROGRAM:

Please explain why you want to be enrolled in this program and what you hope to accomplish through this experience.

COMMUNITY INVOLVEMENT:

Please list any community organizations that you belong to such as scouts, school clubs, civic organizations, and school activities:

WORKING PAPERS / CARD (Student General Employment Certificate)

Working papers (card) are issued by your local school district guidance office.

If you are 14 or 15 years old you must have a BLUE Employment Certificate (work card).

If you are 16 or 17 years old you must have a GREEN Employment Certificate (work card).

Do you have a valid Employment Certificate (work card)? Yes _____ No _____

ETHNICITY INFORMATION (OPTIONAL)

CHECK ONE: WHITE _____ BLACK _____ HISPANIC _____ ASIAN _____

AMERICAN INDIAN _____ PACIFIC ISLANDER _____ OTHER _____

Where did you obtain this application? _____

CERTIFICATION:

I certify that the information on this application is correct to the best of my knowledge. **I am aware that as part of my acceptance of a summer job through this program I must attend the mandatory Career Day.**

I understand that submitting a Pre-Application in no way guarantees an interview or placement in a summer job.

Applicant's Signature

Date

PARENTAL/ STUDENT RELEASE:

The applicant is applying for employment and training services provided by Temporary Assistance for Needy Families (TANF) and/or the State of New York. I will be required to provide certain documentation for eligibility determination. I grant permission to Saratoga County Department of Employment and Training to release and obtain information regarding physical and/or mental disabilities and other pertinent information of a social or economic nature from my child's school and other appropriate agencies. This information will be used to determine program eligibility and appropriate services to be provided. I understand that all information will be treated as confidential and privileged.

Parent / Guardian Signature (Required if applicant is under age 18)

Date

Pre-Application Priority Deadline is April 25, 2016

PLEASE RETURN THIS APPLICATION TO:

Saratoga County Department of Employment & Training

152 West High Street, Ballston Spa, NY 12020

Questions? Please call 518-884-4170 and ask for Katherine or Norah.

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