



DEPARTMENT OF WORKFORCE DEVELOPMENT

JENNIFFER MCCLOSKEY, DIRECTOR

518.884.4170

SARATOGACOUNTYNY.GOV

152 WEST HIGH ST, BALLSTON SPA, NY 12020

Summer Youth Employment Program Application 2024

Fill out ALL sections of application or you will not be considered.

Youth Information

Full Legal Name _____ Birthdate _____

Preferred First Name _____ Social Security Number _____

Current Age _____ Gender Identity _____ Assigned Sex _____ Preferred Pronouns _____

Ethnicity, *check all that apply* White Black Hispanic Asian Native American Pacific Islander
 Other Prefer to not answer

Address _____ City _____ Zip code _____

Do you live in a town different from mailing address? No Yes _____

Youth Cell _____ Youth Email _____

Preferred contact Call Text Email

Parent Information

Parent/Guardian Name _____ Cell _____

Youth Interests

What kind of jobs would you be interested in? (*Check all that apply*) Clerical/Office Laborer With youth
 Cleaning Library Museum Indoors Outdoors With animals Other _____

Select any skills/experiences you wish to gain this summer.

Financial

Learn to manage money/budget How to buy a car How to open a bank account All about credit
 Student loans Financing college

Soft Skills

Time management Communication Resolving workplace conflict Networking Teamwork
 Creative thinking Work ethic Listening

Occupational Skills

Coding Clerical work (paperwork, answering phones) Landscaping Maintenance Computer skills
 Food preparation Retail Food Service

Availability

Do you have a valid Employment Certificate (green/blue work card)? No Yes

Will you have reliable transportation? No Yes

Do you have any known summer commitments?

No Yes, what and when _____

Possibility of Summer School? No Yes

Mark days of the week you are available to work

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Earliest arrival time _____ Latest Departure time _____

Education

Are you currently enrolled in school?

No, last grade completed _____

Yes, Name of School _____ Current Grade _____

Do you have an IEP? No Yes

Employment History

Have you ever been in the Summer Youth Program? Yes No

Have you ever worked/volunteered before? No, skip to next page Yes, complete work history below

Employer _____ Start Date _____

Address _____ End Date _____

Job Title _____ Wage _____ Hour Week Month Year

Reason for Leaving _____

Job Responsibilities _____

Employer _____ Start Date _____

Address _____ End Date _____

Job Title _____ Wage _____ Hour Week Month Year

Reason for Leaving _____

Job Responsibilities _____

Eligibility

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

Does youth applicant participate in any of the following programs? SNAP HEAP Medicaid SSI
 TANF Family Assistance/Safety Net Foster Care

Complete this section only if youth applicant does not participate in the listed programs.

List all immediate family members of your household, including youth, and their gross income (income before taxes and deductions).

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.

TYPES OF INCOME

Wages, social security benefits, public assistance benefits, child support, alimony, etc.

Any questions regarding income, please contact the Career Center 518-884-4170.

Name	Income Source: Wages, Social Security, etc.	Amount	Received: (Check One)		
			Yearly	Monthly	Weekly

Certification

I certify that the information on this application is correct to the best of my knowledge. I understand that submitting an application in no way guarantees an interview or placement in a summer job.

Applicant's Signature

Date

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 & 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.

I am a (*check one*) Parent Legal Guardian

Relationship to applicant if guardian _____

Print Name

Parent/Guardian Signature
(Required if applicant is under age 18 or lives at home)

Date

Application Priority Deadline is April 26, 2024
PLEASE RETURN THIS APPLICATION BY MAIL OR E-MAIL TO:

Saratoga County Department of Workforce Development
152 West High Street, Ballston Spa, NY 12020
cstark@saratogacountyny.gov

Questions?

Please call or text us at 518-941-4614.

[Calls and text will be entertained Monday – Friday 9 am – 3 pm](#)