



RENSSELAER COUNTY ONE STOP EMPLOYMENT CENTER DEPARTMENT OF EMPLOYMENT & TRAINING

KATHLEEN JIMINO
COUNTY EXECUTIVE

MARYANNE GRONAU
COMMISSIONER

Summer Youth Employment Program 2011

**** APPLICATION PROCESS ****

STEP 1 – Application Submission

- The Blue Sheet (Pages 3 & 4) should be completed only by the YOUTH APPLICANT.
- The Yellow Sheet (Pages 5 & 6), the *Confidential Income Statement*, must be completed only by **PARENTS, GUARDIANS OR HEADS OF HOUSEHOLDS**. All information is subject to verification.
- Applicants will not be considered unless ALL ITEMS are FULLY COMPLETED and ALL DOCUMENTATION is attached to the application (list of documents is on the reverse of this page)
- The Guidance Office must complete and sign the School District portion of the application
- To be eligible for participation, applicants aged 14 through 17 MUST have working papers to participate in the program. Male applicants 18 and older must be registered with the Selective Service.
- Every application must have a valid **Social Security Card** and **Birth Certificate** attached

STEP 2 – Interview Process (NEW)

Unlike in years past, **youth will not be placed based on a first come first served basis**. Those who completed the entire application and submitted by the due date are eligible to competitively interview for a position this summer. At the interview be prepared to discuss what kind of work you would like to do this summer, the transportation you will have to and from work, why you are the best candidate for a job, and whether or not you will be attending summer school.

STEP 3 – Job Offer

If hired, you will be required to return for a second meeting to complete additional required paperwork, submit your original Working Papers, and receive your worksite placement and information.

Priority will be given to families receiving TANF and youth in Foster Care

Applicants should return the completed application **by June 3rd** to their School Guidance Office or to the Rensselaer County One-Stop Employment Center, 1600 Seventh Avenue, Troy, NY 12180.

Applications submitted after June 3, 2011 will not be considered for employment

Questions may be directed to Brian Williams, Director of Youth Programs, at (518) 270-2860
Monday through Friday between the hours of 9:00 AM and 3:00 PM.

YOUTH APPLICATION CHECKLIST

TO: Youth Applicants and Parents/Guardians:

Please be sure to review this checklist before returning your application.

WE WILL HAVE TO RETURN YOUR APPLICATION UNLESS ALL THE REQUIRED INFORMATION AND DOCUMENTS ARE PROVIDED.

YOUTH APPLICANT:

1. Is your Social Security Number correct? Please match it with your card and enclose a copy of your card with this application.
2. Are ALL the items on page 1 completed?
3. Be sure to provide your phone number or a phone where you can receive a message.
4. Did you sign your application (page 1 at the bottom)?
5. Did you have the Guidance Office fill out the School District Section?

PARENT'S/GUARDIANS:

EXAMPLES OF ACCEPTABLE PROOF OF INCOME

<u>INCOME</u>	<u>PROOF</u>
Wages, Salary, Military Pay.....	Check stubs, Discharge Papers
Alimony or Child Support.....	Check stubs or Court Order
Rent.....	Receipt
Public Assistance/TANF	Social Services Budget Sheet,
Supplemental Security Income, Social Security Disability, Old Age & Survivor's Benefits.....	Award Letter
Unemployment Insurance.....	Unemployment Benefit Printout
Scholarships, Grants, Fellowships, Loans.....	Copies of Letters or Papers
Net Self-Employment Income.....	Business Records, W-2
Dividends, Interest, Annuities.....	Check Stubs or IRS Interest Reporting Form or Bank Book

Applicant Interest/Profile

Have you ever participated in the Summer Program? Yes No

If yes, when and where? _____

Describe your work experience, where you have worked before, including odd jobs and volunteer work:

Describe some of your interests: _____

The following is a list of general career clusters. Rank the following career areas in order of your preference. Choose **three** and rank them according to your first choice (1), your second choice (2), and your third choice (3).

Health Care/Services _____ Recreation/Parks _____

Office/Secretarial _____ Maintenance/Clean-up/Outside _____

Child Care _____ Computers/Technology _____

Although every effort will be made to match the applicant's career interests with a worksite, there is no guarantee that the applicant will be placed in a position that matches their choices.

Do you have transportation available to you this summer? Yes No

If Yes, what areas of Rensselaer County would be accessible?

Will you be required to attend **summer school** this summer? Yes No

If yes, what **time** will be able to start work in the Summer Program? _____

**Parents/Guardian
CONFIDENTIAL INCOME STATEMENT
Youth Employment Programs**

The following information must be completed only by **PARENTS, GUARDIANS, OR HEADS OF HOUSEHOLDS**. All information is subject to verification. Please answer every question and provide other details as requested.

PLEASE PRINT CLEARLY

Name of Youth Applicant: _____

Please check Yes or No to the following and indicate case numbers, if applicable:

Do you or your family receive:

Public Assistance/ TANF (Temporary Assistance for Needy Families)

****NOTE: Participation in the Summer Youth Employment Program does NOT affect your TANF grant****

Yes \$ _____ Case Number: _____

No

SSI (Supplemental Security Income)

Yes

No

Food Stamps

Yes

No

Unemployment Insurance

Yes \$ _____

No

Child Support

Yes \$ _____

No

Is the applicant:

In Foster Care or a resident in a Group Home? Yes No No

Disabled? Yes, describe _____ No

Has the applicant been arrested? Yes No

Currently on probation? Yes No

In a Drug Abuse Program? Yes No

In an Alcohol Rehabilitation Program? Yes No

On Parole? Yes No

A teenage parent or expecting a child? Yes No

Please list all **family** members living at the applicant's home in the last six (6) months.

Name	Relationship	Date of Birth
<u>YOUTH APPLICANT</u>	<u>SELF</u>	

Confidential Income Statement (cont.)

Please complete the following for **ALL** working members of the household. Count GROSS income (income before any deductions) for the **six (6) month** period immediately preceding the filing of this application.

Name	Place of Employment	Dates Employed	Hourly Rate	Hours per Week	Total Income Last 6 Months

Note: For each worker, copies of recent pay stubs showing Year-to-Date wage information, or a signed statement from the employer stating the worker’s GROSS wages for the last six (6) months, are required to verify stated income.

Other Income

Please list here other sources of income into the family such as: Social Security, Worker’s Compensation, Veteran’s payments, pensions, alimony, insurance annuities, rental income, dividends, etc.

Name	Source of Income	Effective Date	Monthly Amount	Total Last 6 Months

Federal regulations require the Department to obtain reading and math information from the School Districts for each youth who applies to our program.

I authorize the release of information from the School District to the Department of Employment & Training to be used for the sole purpose of determining program eligibility. In addition, (if applicable) I hereby authorize the Department of Social Services to release information regarding my Public Assistance and/or food stamp case to the Department of Employment & Training, for the purpose of determining eligibility for this program.

I certify that the information provided herein is true to the best of my knowledge, and that I have no fraudulent intent. I am also aware that the applicant will be subject to immediate termination if he/she is subsequently found ineligible. I allow release of this information for verification purposes and understand that it will be used to determine eligibility. I understand that submission of this application does not guarantee employment.

Signature of Parent, Guardian, or Head of Household

Date

Please review checklist on Page 2. Gather and attach required documents.



Summer Youth Employment Program

TO BE COMPLETED BY SCHOOL DISTRICT PERSONNEL ONLY:

Name of School: _____

Student Name: _____

Current Grade: _____

Is the student identified by the district's Committee on Special Education as having a disability?

Yes (Please attach CSE Letter identifying disability) No

Is the student's educational attainment 1 or more grade levels below the grade level appropriate to the age of the student? Yes No

Is the student's Reading level below 8th grade? Yes No

Is the student's Math level below 8th grade? Yes No

Is the student attending an Alternative Education Program during school hours?

Yes No

Is the student enrolled in the National School Lunch Program (Free/Reduced Lunch)?

Yes No

Is the student enrolled in a school or agency sponsored after-school program?

Yes _____ No

Program Name

Guidance Office Comments:

Completed by: _____

Please Print

Title: _____

Signature: _____

Date: _____

FOR OFFICE USE ONLY ELIGIBILITY/INCOME WORKSHEET

INCOME:

Income Source	Amount	6 Months

TOTAL 6 MONTH INCOME: _____ ANNUALIZED: _____

Receiving Food Stamps Receiving Free/Reduced Lunch Receiving TANF

PROGRAM ELIGIBILITY:

WIA Eligible Ineligible
TANF Eligible Ineligible

WIA YOUTH BARRIERS:

- () Basic Skills Deficient (Reading & Math ≤ 8th grade)
- () School Dropout
- () Grade Level Below Norm for Age (In School Only)
- () Pregnant or Parenting
- () Individual With Disabilities
- () Homeless or Run-away
- () Offender
- () Receiving TANF

REVIEWER: _____ DATE: _____

COMMENTS: _____

30 DAY ELIGIBILITY REVIEW AND VERIFICATION: I have reviewed this application and testify that the application is complete, the determination based on the information contained in the application is correct, and the information on the application is internally consistent and in all other regards reasonable.

Signed: _____ Date: _____

Check Off & Date When Completed

Eligibility _____ Application MIS _____

30-Day Review _____ Fiscal _____