



SCHEENCTADY COUNTY JOB TRAINING AGENCY

797 Broadway
Schenectady, New York 12305
Telephone: (518) 344-2772
Fax: (518) 382-5988



2017 Summer Youth Employment Program

The Schenectady County Summer Youth Employment Program provides youth ages 14-21 with a unique opportunity to gain meaningful, on-the-job training for 20 hours per week during the summer months.

Please note that due to funding regulations, participation in the 2017 Summer Youth Employment Program is limited, the majority of funding is allocated to individuals whose family is receiving TANF (public assistance), SNAP (food stamps), or whose total household income does not exceed 200% of the poverty line (see guidelines on page 2).

If SJTA receives more applications than can be served; a lottery will be held to determine which applicants are selected to participate in the 2017 program. A letter will be mailed to those selected to participate in the program with further instructions and an interview date/time.

Summer Youth Employment Program Timeline:

STEP 1: **APPLICATION** must be completed fully, in pen with all required documentation included.

Applications are due no later than FRIDAY, APRIL 28, 2017.

Mail or hand-deliver your completed application to Window/Line 1:

**Schenectady County Job Training Agency
Attn: Summer Youth Employment Program
797 Broadway
Schenectady, NY 12305**

STEP 2: **INTERVIEW** You will be required to attend an independent interview (parents/guardians may wait in the waiting room during the interview process). Be prepared to discuss what kind of work you would like to do this summer, the transportation you will have to/from work, and whether or not you think you will be attending summer school. We will take some time to get to know you and develop your worksite that you will report to during the program. You must dress professionally for all appointments and interactions during the program (interview, orientation, at your worksite, etc.)

STEP 3: **ORIENTATION** There will be a mandatory orientation during the last week of June.

STEP 4: **DATES OF EMPLOYMENT: JULY 3, 2017 – AUGUST 11, 2017**
Vacations and time-off are NOT permitted during the six weeks of the program.

Youth will be permitted to work up to 20 hours/week earning \$9.70/hour.

Positions for this program are contingent on funds from NYS and the Federal Government. Completion of an application does not guarantee you a summer position. You must be determined to be eligible for the program using guidelines provided by the State and Federal Government and be selected through the lottery.

Application Instructions:

Applicants and their parents or legal guardians should read the following instructions carefully before completing the application for participation in the Summer Youth Employment Program.

1. Review the **Application** (Page 3) for completeness and accuracy – every question must be answered.
2. The **Emergency Information and Release of Records and Confidential Income Statement** (Pages 4, 5, & 6), must be completed only by PARENTS OR GUARDIANS. All information is subject to verification. The YOUTH APPLICANT is not to complete this section unless they are over 18.
Please include documentation for **Proof of Income with your application (see below).**
Please note that pages 3, 4, and 6 must be signed your parent or guardian (unless you are over 18).
3. To be eligible for participation, applicants age 14 through 17 **MUST** provide original working papers to participate in the program. Working papers can be obtained from your school if you do not already have them. You must include your **Original Working Paper Card** with your application. By New York State Law, we must hold onto your working papers until the end of the program. They will be mailed back to you with your last check. If you turn 16 during the course of the program, you will be required to obtain a new (green) working paper card and submit it to SJTA.
4. Male applicants 18 and older must be registered with the Selective Service.
5. Please include a copy of your **Birth Certificate** and **Social Security Card** with this application. Youth who do not have a card should immediately contact the local Social Security Office to begin the application process. Every applicant must have a valid Social Security Card and all applications must include a copy of the applicant’s Social Security Card.
6. Please include a copy of a recent **Report Card** with your application, (if not in school you must provide a photo ID.)
7. Applicants age 18 and older must include a copy of a **Photo ID** (NYS ID, benefit card, or school ID).

200% of Poverty Level Income Guidelines	
Family Size	Annual Income
1	\$23,760
2	\$32,040
3	\$40,320
4	\$48,600
5	\$56,880
6	\$65,160
7	\$73,460
8	\$81,780

Examples of Acceptable Proof of Income	
Income	Proof
Wages/Salary	Six (6) most recent pay stubs
SSI	Award letter
Alimony/Child Support	Check stubs or court order
Rent (as a landlord)	Rent receipt
Self-Employment	Tax return
<i>If you have any questions regarding what you need to provide as proof of income; please call our office to clarify.</i>	

* For family units with 8+ family members add \$8,320 annually for each additional family member.



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Name: _____ Social Security #: _____ - _____ - _____
Last First MI

Address: _____ NY _____
Street Address & Apt. # City Zip Code

If you move, or your phone number changes, it is your responsibility to inform the SJTA office ASAP.

Phone #: (____) _____ - _____ E-mail: _____

Date of Birth: ____/____/____ Age: _____ Gender: Male Female Other

Ethnicity: White American Indian Asian
(Check all that apply) Black Alaskan Pacific Islander
 Hispanic Hawaiian Other: _____

Are you a U.S. Citizen? Yes
 No, _____, _____, _____
Alien # INS form # Date of entry into the U.S.

Are you registered with the Selective Service System (requirement only for males 18 years and older)?
 Yes, receipt #: _____ No Not applicable

Education:
 In Middle or High School Name of School: _____ Grade: _____
 In GED/TASC or College Name of School: _____
 Out of School - Dropped Out Last grade completed: _____
 Out of School - High School Graduate or obtained GED/TASC

Including yourself, how many family members are living in your household? _____

APPLICATION CHECKLIST

- Copy of your Social Security Card
- Copy of your Birth Certificate
- Original Working Papers (only if under age 18)
- Completed & Signed Emergency Form (attached)
- Copy of your report card
- Photo ID (if 18 or older or not in school)
- Proof of income (i.e. award letter, pay stubs, etc., see pg. 2)
- Tax Forms will be completed and signed at interview (IT-2104-E, W-4, and I-9)



Signature of Applicant: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____



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Participant's Name: _____ Date: _____

EMERGENCY INFORMATION AND RELEASE OF RECORDS

I understand that my son/daughter is applying for a position through the Summer Youth Employment Program. I hereby authorize and give my consent to any area medical facility to examine and treat

_____ Applicant's Name

in the event that such employee requests or requires examination or treatment in an emergency.

Worksite supervisors are responsible for emergency medical attention for participants at a worksite. The following form might facilitate any emergency situation.

_____ ALLERGIES/REACTIONS: _____

_____ PRONE TO SEIZURES

_____ MEDICATION REQUIRED: _____

_____ OTHER: _____

Workman's Compensation Forms must be completed within 24 hours of any accident.

Please alert SJTA immediately of any emergency at (518) 344-2749.

I also consent to release confidential information regarding my child. This is a reciprocal release whereby Schenectady County Job Training Agency Summer Youth Employment can release and/or gather information, pictures, and/or video to/from any client advocate or agency as needed.

Parent/Guardian Signature: _____

Address of Parent/Guardian: _____

Home Phone #: _____

Work Phone #: _____

Alternate Contact: _____

Phone #: _____

Parent/Guardian CONFIDENTIAL INCOME STATEMENT

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

Name of youth applicant: _____ Social Security #: _____-____-_____
 # family members in household: _____

SECTION 1

Does the YOUTH APPLICANT currently receive benefits under one or more of these programs: TANF/Safety Net, SNAP, and/or SSI?

Yes, fill in the case number for each applicable program, (**if the youth applicant is receiving SSI, you must provide a copy of his/her award letter**), and go to Section 2 (page 6).

	TANF (Temporary Assistance for Needy Families)/Safety Net Assistance/ Public Assistance	SNAP (Supplemental Nutrition Assistance Program)/Food Stamps	SSI (Supplemental Security Income)
Case Number and \$ amount			

No, complete the following chart with income information for **ALL WORKING FAMILY MEMBERS IN THE HOUSEHOLD** and **you must provide proof of income for each worker**. (Copies of recent pay stubs with year-to-date wage information or a signed statement from the employer stating the worker's GROSS wages for the last 6 months are required; see pg.2 for examples of acceptable proof of income.)

Include the gross income (income before taxes and deductions) of each family member who lives with you. Family members include your mother, father, stepmother, stepfather, any brothers or sisters (including step and/or 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.

List all sources of gross income received and any other recurring income of a family member.

Name	Income Source:	Dates Employed	Amount	Received (Check One)		
				Yearly	Monthly	Weekly

We are asking for Social Security number(s) because any person applying for or receiving federal TANF services must give us his or her Social Security number; Social Security numbers are required under federal law (Section 409(a)(4) of the Social Security Act) and federal regulations (45 CFR 264.10). We may use Social Security number(s) to do computer matches with other programs to prove you are receiving these programs (for example, TANF/SNAP), to do a computer match to verify other information on the application, or to verify your alien status.

SECTION 2

Additional information about the youth applicant:

- | | | |
|---|------------------------------|-----------------------------|
| Does he/she have a disability? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <i>If yes, please describe:</i> _____ | | |
| Has he/she ever been arrested? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is he/she <u>currently</u> on PINS/probation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <i>If yes, name of PO:</i> _____ | | |
| Is he/she <u>currently</u> on Parole? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <i>If yes, name of PO:</i> _____ | | |
| Is he/she homeless or a runaway? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is he/she in Foster Care or a resident of a Group Home? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is he/she in a Drug Abuse Program? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is he/she in an Alcohol Rehabilitation Program? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is he/she a teenage parent/expecting a child? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

SECTION 3

Federal regulations may 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 Schenectady Job Training Agency 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 TANF/SNAP/HEAP/Medicaid case(s) to the Schenectady Job Training Agency, for the purpose of determining eligibility for this program.

By signing this, I am swearing, under penalty of perjury, that all of the information provided herein is true to the best of my knowledge, that I have no fraudulent intent, and that I am willing to cooperate with any efforts to verify the information provided. 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.

Signature of **Parent/Guardian**

Date

Relationship to Applicant

A parent or guardian must sign this form (for applicants under 18) for the application to be complete. The Commissioner of the Department of Social Services or his or her designee must sign for children in foster care.

Note:

If the youth applicant is selected for program and is not a United States citizen, the “*Immigration Status List*” will be mailed to you with your interview time and you will be asked to provide SJTA with the status number from the list as well as any additional required documentation to support that you are legally able to work in the U.S.