

2022 Summer Youth Employment Program

The Schenectady County Summer Youth Employment Program is a unique opportunity to gain six-weeks of meaningful, on-the-job training during the summer; youth selected for program will be assigned to a worksite and permitted to work for 20 hours per week earning \$13.20 per hour through Schenectady County Connects (Schenectady County Job Training Agency/SJTA).

- You must be a Schenectady County resident
- You must be age 14-24 by the application deadline (April 29, 2022)

Please note: the majority of funding is allocated to youth 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)

MAIL OR HAND-DELIVER YOUR COMPLETED APPLICATION TO:

**Schenectady County Connects/Job Training Agency
Attn: Summer Youth Employment Program
797 Broadway, Schenectady, New York 12305**

**Applications must be received by SJTA no later than:
FRIDAY, APRIL 29, 2022**

*Faxed or e-mailed applications will not be accepted due to the need for original signatures.
SJTA is not responsible for applications submitted to a third-party, follow the instructions listed above.*

Application Checklist:

You **must** include the following in order to participate in the Summer Youth Employment Program:
Due to the volume of applications, we cannot pull documentation/information from previous years, please provide everything listed below.

- | | |
|--|--|
| <input type="checkbox"/> Application (pg. 3) | <input type="checkbox"/> Copy of Social Security Card |
| <input type="checkbox"/> Emergency Info. Form (pg. 4) | <input type="checkbox"/> Copy of Birth Certificate |
| <input type="checkbox"/> Confidential Income Statement (pg. 5-6) | <input type="checkbox"/> Copy of Report Card (if in school) |
| <input type="checkbox"/> Proof of Household Income (see pg. 2) | <input type="checkbox"/> Copy of Photo ID (18+ or not in school) |
| <input type="checkbox"/> COVID-19 Waiver (pg. 7-8) | <input type="checkbox"/> Original Working Papers (age 14-17) |
| <input type="checkbox"/> Release of Information (pg. 9) | <i>Age 14/15: BLUE, age 16/17: GREEN/SALMON</i> |
| <input type="checkbox"/> Selective Service Letter (18+ males) | PLEASE MAKE SURE TO INCLUDE ALL DOCUMENTS! |



1. **COMPLETE** application in pen and attach all required documents.
2. **REVIEW** application for completeness and accuracy, fill in all blanks.
3. **SUBMIT** completed application and required documentation.

Completion of an application does not guarantee you a summer position – positions are contingent on funds from grants and the State and Federal Government, you must be determined eligible for the program under guidelines provided by these funders and you must be selected through the lottery to participate.

SUMMER YOUTH EMPLOYMENT PROGRAM TIMELINE

KEEP THIS PAGE FOR YOUR INFORMATION!

If Schenectady County Connects (Schenectady County Job Training Agency - SJTA) receives more applications by the deadline than are able to be served, a lottery will be held to determine which applicants are selected to participate. Priority may be given to youth who have participated in the program for fewer than 3 years.

* If you ARE selected through the lottery to participate in the program:

1. Interview Letter

You will receive a letter by e-mail or in the mail in May with your interview date & time.

2. Interview

Attend your interview independently (parents/guardians may wait outside)

Be prepared to discuss what kind of work you would like to do this summer, any prior work/volunteer experience you have, the transportation you will have to/from work, and whether or not you think you will need to attend summer school.

You must dress professionally for all appointments and interactions during the program including your interview, orientation, and at your worksite.

3. Orientation

There is a mandatory orientation you will need to attend in June

4. Employment

Dates of employment are July 5, 2022 – August 12, 2022.

Vacations and time off are not permitted during the program.



* If you ARE NOT selected through the lottery to participate in the program:

- ◆ You will receive a letter in the mail in late June stating that you were not able to be selected for program and your working paper card (if submitted) will be mailed back to you.

Proof of Income Guidelines:

200% of Federal Poverty Guidelines June 1, 2021 through May 31, 2022	
Family Size	Annual Income
1	\$25,760
2	\$34,840
3	\$43,920
4	\$53,000
5	\$62,080
6	\$71,160
7	\$80,240
8	\$89,320

For family units with 8+ family members, add \$9,080 annually for each additional family member.

Examples of Acceptable Proof of Income If you have questions regarding income, please call our office to clarify.	
Income	Proof
Wages/Salary	Six most recent paystubs
TA/SNAP	Award Letter/Budget
SSI/SSD	Award Letter
Alimony	Check stubs or court order
Child Support	Check stubs or court order
Rent (as a landlord)	Rent receipts
DSS Childcare Provider	Authorization with rates
Self-Employment	Tax return

Where Can I Get My...?

Social Security Card	U.S. Social Security Administration, *Check https://www.ssa.gov/ for services*
Birth Certificate	https://www.health.ny.gov/vital_records/
Photo ID	Dept. of Motor Vehicles, *Check https://www.schenectadycounty.com/county-clerk/dmv for services*
Working Papers	Your School (if homeschooled contact your school district)
Selective Service Letter	https://www.sss.gov/Home/Registration



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2022 Summer Youth Employment Program – Application

Name: Last First MI Social Security #: - -

Address: Street Address & Apt. # City NY 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: Black American Indian Asian White 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? (Required only for males 18+) 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?

How did you hear about the Summer Youth Employment Program?

YOU MUST INCLUDE THE FOLLOWING DOCUMENTS WITH YOUR APPLICATION:

Due to the volume of applications, we cannot pull documentation/information from previous years, please provide everything listed below.

- Application (pg. 3) Copy of Social Security Card
Emergency Info. Form (pg. 4) Copy of Birth Certificate
Confidential Income Statement (pg. 5-6) Copy of Report Card (if in school)
Proof of Household Income (see pg. 2) Copy of Photo ID (18+ or not in school)
COVID-19 Waiver (pg. 7-8) Original Working Papers (age 14-17)
Release of Information (pg. 9) Age 14/15: BLUE, age 16/17: GREEN/SALMON
Selective Service Letter (18+ males) PLEASE MAKE SURE TO INCLUDE ALL DOCUMENTS!

Signature of Applicant: Date:

Signature of Parent/Guardian: Date:

Applicant: if you are 18 or older, and your own guardian, you may sign here



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2022 Summer Youth Employment Program Emergency Information Form

Applicant's Name: _____

Date: _____

I understand that my child/I is/am 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

Print Applicant's Name

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

Worksite Supervisors are responsible for providing/obtaining emergency medical attention for participants at a worksite. The following form might facilitate any emergency situation.

_____ Allergies or Reactions: _____

_____ Prone to Seizures

_____ Medication Required: _____

SJTA/Worksite is not responsible for securing or administering routine medication

_____ Other Medical Concerns: _____

**Worker's Compensation Forms must be completed within 24 hours of any accident.
 Please alert SJTA immediately of any emergency at (518) 344-2749.**

Emergency Contact Name & Relationship	Cell Phone #	Home Phone #	Work Phone #	Address
1. Parent/Guardian				
2.				
3.				

I understand that the information above will be used in the event of an emergency and will be shared with the youth applicant's Worksite Supervisor. I attest that the above information is complete and accurate.

Parent/Guardian Signature: _____

Applicant: if you are 18 or older, and your own guardian, you may sign here



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2022 Summer Youth Employment Program Confidential Income Statement

The following information is to be completed by the **PARENT/GUARDIAN** unless the applicant is age 18+. All information is subject to verification. Please answer every question, provide details as requested, and print clearly.

Name of Youth Applicant: _____ Social Security #: ____ - ____ - ____
 Number of family members in household: _____

SECTION 1:

Does the **YOUTH APPLICANT** currently receive benefits under any of the following programs?

- | | | |
|------------------------------------|-----------------------------|---|
| TANF/Safety Net/Public Assistance | <input type="checkbox"/> No | <input type="checkbox"/> Yes, case #: _____ |
| SNAP/Food Stamps Benefits | <input type="checkbox"/> No | <input type="checkbox"/> Yes, case #: _____ |
| HEAP Benefits | <input type="checkbox"/> No | <input type="checkbox"/> Yes, case #: _____ |
| Medicaid Benefits | <input type="checkbox"/> No | <input type="checkbox"/> Yes, case #: _____ |
| SSI (Supplemental Security Income) | <input type="checkbox"/> No | <input type="checkbox"/> Yes, submit copy of award letter |

Please complete the following chart regarding **ALL HOUSEHOLD INCOME**

List all sources of gross income, including wages, social security benefits, public assistance benefits, child support, alimony, etc. received and any other recurring income of a family member. You do not need to include any earned income (wages) received by any family member who is under 18 years of age (or 18 and in secondary school) but must include any unearned income. (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 details on acceptable proof of income.

List **all** sources of income received and any recurring income of family members.

Name	Income Source	Dates Employed	Amount Earned	Received (Check One)		
				Weekly	Monthly	Annually

Include the gross income (income before taxes & deductions) of each family member who lives with the youth applicant. Family members include: the youth applicant and their 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 the youth applicant has a child of their own, include that child, any brothers and sisters of the child, and the child's parents. Do not include any of these people if they do not live with the youth applicant. Do not include other family members such as grandparents, uncles, or aunts. If the youth applicant is married, they should include their spouse but does not need to include their parents or siblings.

The individual signing this application may be asked to prove any or all of your statements. If we ask you to do this, we will tell you how to prove your statements. We are asking for Social Security number(s) because any person applying for or receiving federal TANF services must give us their 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. If you disagree with any decisions made regarding your eligibility to receive TANF services, your certification may be reviewed by a person at a higher level.

SECTION 2:

Additional required information about the youth applicant to assist in determining funding eligibility.

- Do they have a disability? Yes No
If yes, please describe: _____
- Have they ever been arrested? Yes No
- Are they currently on PINS/probation/parole? Yes No
If yes, name of PO: _____
- Are they homeless or a runaway? Yes No
- Are they in Foster Care or a resident of a Group Home? Yes No
- Are they a teenage parent/expecting a child? Yes No
- Are they an English language learner? Yes 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 youth applicant’s 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/Prevention 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 they are 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

Applicant: if you are 18 or older, and your own guardian, you may sign here

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 their 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 them with their interview time and they will be asked to provide SJTA with the status number from the list as well as any additional required documentation to support that they are legally able to work in the United States.



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**2022 Summer Youth Employment Program
Assumption of the Risk, Release, and Waiver of Liability
Relating to COVID-19 (Coronavirus Disease 2019)**

Applicant Name: _____

Date: _____

According to the Centers for Disease Control and Prevention (CDC), the novel coronavirus, COVID-19, is an extremely contagious disease spread mainly from person to person; it has been declared a worldwide pandemic by the World Health Organization (WHO). As a result of this pandemic, government and health agencies have recommended safety measures to prevent the spread of the disease and, in many locations, have prohibited congregations of groups of people of various sizes.

Schenectady County Connects (i.e. Schenectady County Job Training Agency (“SJTA”)) has put in place preventative measures to reduce the spread of COVID-19. These include, but are not limited to, mask-wearing protocols, glove-wearing protocols, social distancing protocols, handwashing protocols, regular cleaning and disinfecting of areas inhabited by multiple people, and moving programming that would require any gathering of participants (i.e. orientation, financial well-being education, etc.) to a virtual platform. Due to the fact that SJTA work experiences take place at a variety of worksites throughout Schenectady County (“County”), SJTA will provide training to all partners and participants on the preventative measures to reduce the spread of COVID-19; any partner or participant who refuses to adhere to these protocols may jeopardize their position with the program.

Despite all of these measures, SJTA cannot guarantee that you, the applicant, and your family/friends/contacts will not become infected with COVID-19. Further, participating in work experience through SJTA could increase your, the applicant’s, and your family/friends/contacts risk of contracting COVID-19.

In addition to assuming all risk, I agree that if the applicant displays any symptoms of COVID-19 (fever, chills, cough, shortness of breath/difficulty breathing, fatigue, muscle/body aches, headache, loss of taste or smell, sore throat, congestion/runny nose, nausea/vomiting, diarrhea, and any other symptom that the CDC discovers to be associated with COVID-19) they will remain home until they provide proof of a negative COVID-19 test. Furthermore, I understand that as SJTA work experience is a time-limited program, SJTA cannot guarantee that the applicant will have the opportunity to make up missed hours and there is no paid time-off (vacation, sick, compensatory, pandemic sick bank, etc.) available to the applicant through the SJTA work experience. I understand that if the applicant refuses to comply with any safety measures or protocols put into place regarding COVID-19 this may result in immediate dismissal from the program.

By signing this agreement, I acknowledge that I am the parent/guardian of the aforementioned applicant (if applicant is age 18 or older and their own guardian, they may sign for themselves). I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that the applicant, our family/friends/contacts, and I may be exposed to or infected by COVID-19 by participating in SJTA work experience and that such exposure or infection may result in personal injury, illness, permanent disability, and/or death. I understand that the risk of becoming exposed to or infected by COVID-19 while participating in SJTA work experience may result from the actions, omissions, or negligence of myself, the applicant, our family/friends/contacts and others, including, but not limited to, County employees, volunteers, partners, worksite supervisors, and other program participants and their families/friends/contacts.



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Relating to COVID-19 (Coronavirus Disease 2019)**

Applicant Name: _____

Date: _____

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to the applicant, myself, or my family/friends/contacts (including, but not limited to, personal injury, disability, and/or death), illness, damage, loss, claim, liability, or expense, of any kind, that I, the applicant, or our families/friends/contacts may incur in connection with the applicant’s participation in SJTA work experience (“Claims”). On my behalf, and on the behalf of the applicant, I hereby release, covenant not to sue, discharge, and hold harmless Schenectady County, its employees, agents, and representatives (including the worksite supervisors, staff, and clients), of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of Schenectady County, its employees, agents, and representatives (including the worksite supervisors, staff, and clients), whether a COVID-19 infection occurs before, during, or after participation in any SJTA program. However, this waiver of liability and assumption of responsibility does not apply to any claim or controversy arising under the Workers Compensation Law of the State of New York.

My signature below signifies that I have read, understood, and agree to the risks and expectations outlined above and am choosing to participate (applicant)/allow the applicant to participate (parent/guardian) in work experience through Schenectady Connects (i.e. Schenectady County Job Training Agency).

Is the youth applicant COVID-19 vaccinated: Yes, include copy of vaccination card No

Signature of Applicant

Date

Print Name of Applicant

Date

Signature of Parent/Guardian if applicant is under age 18
Applicant: if you are 18 or older, and your own guardian, you may sign here

Date

Print Name of Parent/Guardian if applicant is under age 18

Date



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2022 Summer Youth Employment Program Releases of Information

Name of Youth Applicant: _____ Social Security #: ____-____-____

CONSENT TO RELEASE CONFIDENTIAL INFORMATION:

I agree to authorize Schenectady County Connects/Job Training Agency (SJTA) Summer Youth Employment Program (SYEP) to gather and/or release information about the youth applicant named above pertaining to worksite location, work schedule, attendance, attitude/conduct, demographic information, academic information, performance evaluations, medical information, psychological information, treatment plan, financial status, family composition, and/or extra-curricular activities.

This is a reciprocal release whereby Schenectady County Connects/Job Training Agency Summer Youth Employment Program can release to and/or gather information from people/agencies including the youth applicant's family, worksite staff, school staff, advocate(s), caseworker(s), probation officer(s), medical/mental health professionals, and SJTA partner agencies/businesses as needed.

I understand that this information will be shared only in the best interest of supporting the youth applicant in their summer work experience. This consent is valid starting on the date of application and will expire one year from the date of application listed on the application page (page 3).

Parent/Guardian Signature: _____
Applicant: if you are 18 or older, and your own guardian, you may sign here

EMPLOYMENT REFERENCE CONSENT:

I authorize Schenectady County Connects/Job Training Agency to give the youth applicant named above a positive or neutral (dates of employment) job reference based on their performance in the program. This consent does not expire.

Parent/Guardian Signature: _____
Applicant: if you are 18 or older, and your own guardian, you may sign here

MEDIA CONSENT AND RELEASE:

I authorize Schenectady County Connects/Job Training Agency, its' partner agencies/businesses, and any media subsidiaries covering the Summer Youth Employment Program to record and edit the likeness of, interview, quote, photograph, record audio, take video footage (henceforth referred to as photographic or electronic reproductions) of the youth applicant named above. These photographic and electronic reproductions may be used for publication, educational, exhibition, marketing, and social media purposes and I understand that the youth applicant and I are not entitled to any compensation or remuneration with respect to our involvement in any media contact. This consent is valid starting on the date of application and will expire one year from the date of application listed on the application page (page 3).

Parent/Guardian Signature: _____
Applicant: if you are 18 or older, and your own guardian, you may sign here