



SUMMER YOUTH EMPLOYMENT PROGRAM 2015



103 Hand Ave. Suite 1
P.O. Box 607
Elizabethtown, NY 12932
PH: 1-800-675-2668
Fax: 518-873-2392

*****APPLICATION DEADLINE June 1,2015*****

LATE APPLICATIONS WILL BE ACCEPTED AND PUT ON A WAITING LIST

What is the Summer Youth Employment Program?

The Summer Youth Employment Program is a TANF funded program that provides area youth ages 14-20 (**PRIORITY IS GIVEN TO 16-20 YR. OLD YOUTH**) summer work experiences through subsidized placements in the private and government sectors. You must also fall under income guidelines:

Family Size	Annual Income	Family Size	Annual Income
1	\$22,340	6	\$61,940
2	\$31,460	7	\$72,060
3	\$39,580	8	\$80,180
4	\$47,700	9	\$88,300
5	\$55,820	10	\$96,420

If your family is receiving Public Assistance or if you receive Free or Reduced lunch you are income qualified for the program.

Through this program we strive to provide young people the opportunity to:

- Earn money and gain meaningful work experience
- Learn and develop the skills, attitudes and commitment necessary to succeed in today's world of work
- Gain exposure to various career industries
- Interact with dynamic working professionals in a positive work environment

When is the Summer Youth Employment Program?

This year, the majority of jobs will start on July 6,2015 and will end by August 7,2015.

How many spaces are available this year?

This year, space is extremely limited and we encourage youth to apply early and attend scheduled appointments. Completing the application does not guarantee that you will receive a job this summer. Completion of the application is just the first step in determining if you meet the program's eligibility requirements.

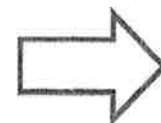
Who do I contact for more information?

Program dates and information are subject to change. For the most up to date information about the Summer Youth Employment Program, please visit:

www.acapinc.org

If you have additional questions or need help completing your application you can contact us at:
1-800-675-2668 or 518-873-2341 ext. 3009

How do I apply for the Summer Youth Employment Program?



Complete an application. Applications are available at all Essex County High School Guidance Offices, and Essex County OneWorkSource.

All completed applications must be returned to the above address with the following documents by June 1, 2015 to be considered for the program. Applications can be mailed, or returned in person Monday-Friday between the hours of 9 a.m. – 3 p.m.

- Social Security Card (copy)
- Birth Certificate (copy)
- Photo ID (copy)
- ***Original Working Papers*** for youth 14-17 years of age. **Working paper applications can be obtained at your school and must be submitted through your school guidance counselor. They will provide you with the Working Card appropriate for your age.**
- Males who are 18 years of age or older must present evidence that they have registered for Selective Service in compliance with Section 3 of the Military Selective Service Act.
 - Registration verification from Selective Service website www.sss.gov/RegVer/wfVerification.aspx and print the resulting verification
- If you are under 18 your parent or guardian must sign the application
- You must be registered in school, a school official must complete the bottom portion of the application.

Depending on your situation proof of income and additional documents may be requested so it is in your best interest to apply early.

What happens after I complete the application and turn in all of my documents?

If you are being considered for the program, the next step in the process will be the interview. You will either get a letter in the mail or a phone call requesting you come in for an interview. Please make sure that the information you provide us on your application is accurate.

If you move or your phone number changes please contact us immediately.

If you are still being considered for the program after the interview you will receive a letter in the mail with an appointment for you to have a physical and drug screen. This will be at no cost to you.

What are expectations for Youth Participants?

This is not a program where youth just “sign-up” and get a check. Once you are approved to participate and receive your summer job assignment, you will be expected to report to your worksite daily and to follow all rules established by your employer and work site supervisor.

You are expected to be active, engaged and to always put forth your best effort while on the job. Each youth is assigned a staff person who acts as a liaison to the business. Any participants who are unable to maintain good standing with the employer will be subject to termination from the job.

How will Youth Participants get paid?

All participants in the 2015 Summer Youth Employment Program will be paid the New York State minimum wage of \$8.75 /hour.

Participants will only be compensated for time worked and up the maximum numbers of hours permitted by the program.

You will receive a paycheck from ACAP, Inc./OneWorkSource on a regular payroll cycle. **You are strongly encouraged to open a checking or savings account now so that you do not have to pay fees for check cashing or experience delays in accessing your money. You will also be encouraged to use direct deposit so you will not experience delays in accessing your money.**

Summer Youth Employment Program Application-2015

ACAP, Inc./OneWorkSource
103 Hand Ave. Suite 1/P.O. Box 607
Elizabethtown, NY 12932
518-873-2341/1-800-675-2668

DEADLINE IS June 1. LATE APPLICATIONS WILL BE ACCEPTED & PUT ON A WAITING LIST

Personal Information: AGE as of July 1, 2015: _____ County: _____

Name: _____ Social Security# _____ DOB _____

Street _____ PO BOX _____ City _____ State _____ Zip Code _____

Phone Number _____ Message Number _____ Gender: Male _____ Female _____

U.S. Citizen: Yes No, but eligible to work in the United States

Reg. # _____ Expiration Date: _____

Educational Status: Are you attending school now? Yes No If Yes, **The School Official section on the back of this form must be completed by a School Official. If not completed, your application will not be considered for employment.**

If Yes, Name of School _____ Grade _____

If No, Highest Grade Completed _____ Do you have a GED or HS Diploma: Yes No Year Received _____

Certificates/Licenses: _____

Computer Skills: _____

Employment Record:

Are you employed now? Yes No If you have ever been employed please list the information below:

Business Name _____ Dates Worked _____ to _____

Address _____

Street _____ City _____ State _____ Zip Code _____

Job Title _____

Job Duties (Include Tools & Machines Used) _____

Reason for Leaving _____

Still willing to accept employment in this field? Yes No If no, why not? _____

Please write a few sentences about why you are applying and how you think this program can help you.

Previous Participation In Youth Employment Programs

Summer Youth Employment Program (Year Round) Work Experience Program

Household & Income Information:

Does ANY MEMBER of your household, including yourself, receive any of the following?

Programs	Circle YES or NO	Please List Names
Public Assistance (TANF or Safety Net)	YES NO	
Food Stamps	YES NO	
SSI (Supplemental Security Income)	YES NO	
Medicaid	YES NO	
HEAP	YES NO	
Free/Reduced School Lunches	YES NO	

List full names of all people living in your household and their relationship (if any) to you. Please check each of the following forms of income that apply to anyone in your household AND give the gross income received from each for the entire last six months. Be as accurate as possible. All information is subject to verification by Employment and Training.

- Wages
 Social Security Benefits
 Veteran's Pension
 Unemployment Insurance
 Union Sub Pay
 Worker's Compensation
 Child Support
 Alimony
 Net Rents
 Net Self Employment
 Other _____

Name	Age	Relationship	Income Source	6 Months Gross Wages

ACAP, Inc./OneWorkSource is committed to providing service to individuals in accordance with Affirmative Action, Equal Employment Opportunity, and Americans with Disabilities Regulations. It is our intent and assurance that no person shall be discriminated against on the grounds of race, color, religion, sex, national origin, age, disability, political affiliation or belief. The following voluntary information is being requested for statistical purposes and to determine any special needs:

- Disability: Physical
 Learning
 Other _____
 Pregnant or Parenting Teen

Any Special Needs or Required Accommodations? Yes
 No If yes, please explain _____

- Foster Child
 Homeless or Runaway
 Offender (history of arrest or conviction for a crime)
 History of Drug/Alcohol Abuse
 White/Non-Hispanic
 Black/Non-Hispanic
 Hispanic
 American Indian/Alaskan Native
 Asian/Pacific Islander

Veteran Yes
 No
 Disabled Veteran

Applicant:

I give permission for the ACAP, Inc./OneWorkSource Summer Youth Program to contact my school to obtain additional information including: grades, graduation information, IEP, etc. and/or to conduct a background check, if necessary. I also give the Summer Youth Employment Program permission to verify my and/or child's case number, cash and food stamp amounts, opening date, address, and/or date of birth, through contact with Essex County Department of Social Services. All information is kept confidential. My signature below indicates that the information I have provided is true and correct to the best of my knowledge.

Applicant Signature

Date

Parent/Guardian:

I give permission for my child to participate in the Summer Youth Employment Program, and for the program to contact my child's school to obtain additional information including : grades, graduation information, IEP, etc. and/or to conduct a background check, if necessary. I also give the Summer Youth Employment Program permission to verify my and/or child's case number, cash and food stamp amounts, opening date, address, and/or date of birth, through contact with Essex County Department of Social Services. All information is kept confidential. The information I have provided is true and correct to the best of my knowledge.

Parent/Guardian Signature

Date

*****This section must be completed by a School Official if youth is in school. If not completed, your application will not be considered for employment:**

This student has at least 90% attendance Yes No If no, what % is their attendance? _____
Has this student had any suspensions this school year? Yes No

School Official Signature

Title

Phone Number

Date

These questions are not a qualifier, but may be used to determine applicant placement into positions or when positions are limited.

COMPLETION OF THIS APPLICATION DOES NOT INDICATE ACCEPTANCE INTO THE SUMMER YOUTH EMPLOYMENT PROGRAM.
FUNDING DICTATES THE AMOUNT OF YOUTH WE ARE ABLE TO HIRE.

